



CITY OF CENTERVILLE
100 W. SPRING VALLEY ROAD
CENTERVILLE, OH 45458-3759
(937) 433-7151

IMPORTANT TAX INFORMATION

These forms include the
2014 Withholding Vouchers
and the 2014 W-2 Reconciliation

EMPLOYER MUNICIPAL WITHHOLDING FORMS

GENERAL INFORMATION

Each employer within or doing business within the City of Centerville who employs one or more persons is required to withhold the city income tax at the present rate of 1.75% from all qualifying wages paid employees at the time or times such compensation is paid and to file this form and remit such tax to the Tax Division on or before the applicable due date.

Delinquent payments shall be subject to penalty and interest charges as provided in the Income Tax Ordinance. In addition, any taxpayer who shall fail, neglect, or refuse to deduct, withhold, make a return and/ or pay the tax, penalties, and interest imposed by the Ordinance, or any person who shall refuse to permit the Tax Superintendent or any duly authorized agent or employee, to examine his books, records, and papers,

or who shall knowingly make any incomplete, false, or fraudulent return, shall be subject to penalties as specified in the Income Tax Ordinance.

The employer shall be liable for the payment of the tax required to be deducted and withheld whether or not such tax has in fact been withheld.

The failure of any employer to receive or procure this form shall not excuse him/her from making this return or from paying the tax.

COMPLETING THE RETURN OF INCOME TAX WITHHELD

Please provide the employer's Federal Employer ID Number, employer name and address if the form does not provide that information preprinted. Record the total amount of wages, salaries, commissions and other compensation subject to the City of Centerville Income Tax on line 1. Multiply line 1 by 1.75% and enter the amount on line 2. Enter the amount remitted on line 3. PLEASE NOTE that lines 2 and 3 must be equal. If they are not equal, attach documentation establishing the reason for the discrepancy.

The Return of Income Tax Withheld form must be signed by an authorized official of the employer and must be dated. Please provide a phone number (including area code).

Make a copy of the completed form for your records and mail the completed form to:

City of Centerville
Income Tax Department
100 W. Spring Valley Road
Centerville, OH 45458-3759

RETURN OF INCOME TAX WITHHELD



CITY OF CENTERVILLE
INCOME TAX DEPARTMENT
100 W. SPRING VALLEY ROAD
CENTERVILLE, OH 45458-3759
PHONE 937-433-7151
FAX 937-433-0310
www.centervilleohio.gov

FOR THE MONTH(S) ENDING
JAN, FEB, MAR

1

DUE ON OR BEFORE
APRIL 30, 2014

Identification No. _____

- 1. AMOUNT SUBJECT TO CENTERVILLE TAX..... \$ _____
- 2. TAX WITHHELD (LINE 1 x 1.75%)..... \$ _____
- 3. AMOUNT ENCLOSED \$ _____

Check here to inactivate this account

Inactive date _____

Explanation _____

I CERTIFY THAT THE INFORMATION ON THIS RETURN IS TRUE, CORRECT, AND COMPLETE.

Signature _____ Title _____

Phone _____ Date _____

RETURN OF INCOME TAX WITHHELD



CITY OF CENTERVILLE
INCOME TAX DEPARTMENT
100 W. SPRING VALLEY ROAD
CENTERVILLE, OH 45458-3759
PHONE 937-433-7151
FAX 937-433-0310
www.centervilleohio.gov

FOR THE MONTH(S) ENDING
APR, MAY, JUNE

2

DUE ON OR BEFORE
JULY 31, 2014

Identification No. _____

- 1. AMOUNT SUBJECT TO CENTERVILLE TAX..... \$ _____
- 2. TAX WITHHELD (LINE 1 x 1.75%)..... \$ _____
- 3. AMOUNT ENCLOSED \$ _____

Check here to inactivate this account

Inactive date _____

Explanation _____

I CERTIFY THAT THE INFORMATION ON THIS RETURN IS TRUE, CORRECT, AND COMPLETE.

Signature _____ Title _____

Phone _____ Date _____

RETURN OF INCOME TAX WITHHELD



CITY OF CENTERVILLE
INCOME TAX DEPARTMENT
100 W. SPRING VALLEY ROAD
CENTERVILLE, OH 45458-3759
PHONE 937-433-7151
FAX 937-433-0310
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FOR THE MONTH(S) ENDING
JULY, AUG, SEPT

3

DUE ON OR BEFORE
OCTOBER 31, 2014

Identification No. _____

- 1. AMOUNT SUBJECT TO CENTERVILLE TAX..... \$ _____
- 2. TAX WITHHELD (LINE 1 x 1.75%)..... \$ _____
- 3. AMOUNT ENCLOSED \$ _____

Check here to inactivate this account

Inactive date _____

Explanation _____

I CERTIFY THAT THE INFORMATION ON THIS RETURN IS TRUE, CORRECT, AND COMPLETE.

Signature _____ Title _____

Phone _____ Date _____

RETURN OF INCOME TAX WITHHELD



**CITY OF CENTERVILLE
INCOME TAX DEPARTMENT
100 W. SPRING VALLEY ROAD
CENTERVILLE, OH 45458-3759
PHONE 937-433-7151
FAX 937-433-0310
www.centervilleohio.gov**

FOR THE MONTH(S) ENDING
OCT, NOV, DEC

4

DUE ON OR BEFORE
JANUARY 31, 2015

Identification No. _____

- 1. AMOUNT SUBJECT TO CENTERVILLE TAX..... \$** _____
- 2. TAX WITHHELD (LINE 1 x 1.75%)..... \$** _____
- 3. AMOUNT ENCLOSED..... \$** _____

Check here to inactivate this account

Inactive date _____

Explanation _____

I CERTIFY THAT THE INFORMATION ON THIS RETURN IS TRUE, CORRECT, AND COMPLETE.

Signature _____ Title _____

Phone _____ Date _____

ABOUT THE 2014 RECONCILIATION OF CITY INCOME TAX WITHHELD

The 2014 Reconciliation of Income Taxes Withheld form on the next page must be filed with the City of Centerville Income Tax Department no later than February 28, 2015. A late filing penalty will be assessed if the reconciliation is not received timely. The penalty is \$25 if it is not more than 120 days late and \$50 if it is more than 120 days late.

Any person (individual or business entity) required by the Internal Revenue Code to report, on an Internal Revenue Service Form 1099, payments made by such person to any individual not treated by such person as an employee, for services performed by such individual, shall also report such payment to the City where such services or any portion thereof were performed in the City, or where such payee is a resident of the City. Copies of the Federal Forms 1099, or a report providing the same information as required on the Form 1099, shall be filed with the City on or before February 28 of each year.

Please provide the employer's Federal Employer ID Number, employer name and address if the form does not provide that information preprinted. If you remit withheld taxes on a monthly basis, please mark the withholding payments made on the lines provided for the appropriate months. If you remit withheld taxes on a quarterly basis, please mark the withholding payments made on the lines provided for the appropriate quarters.

Attach W-2's for each employee upon whose wages you withheld City of Centerville Income Taxes. Record the number of W-2's on line 1. From the W-2's, calculate the total of taxable wages and record the total on line 2. Multiply the amount on line 2 by 1.75% and record the amount on line 4. Add all the monthly or quarterly payments of withheld taxes on line 5. PLEASE NOTE that lines 4 and 5 must be equal. If they are not equal, attach documentation establishing the reason for the discrepancy. If line 6 reports a deficiency, also remit a payment equal to the entire amount of the deficiency.

The Reconciliation form must be signed by an authorized official of the employer and must be dated. Please provide a phone number (including area code).

Make a copy of the completed form for your records and mail the completed form with W-2's attached to:

City of Centerville
Income Tax Department
100 W. Spring Valley Road
Centerville, OH 45458-3759

RECONCILIATION OF CITY INCOME TAX WITHHELD AND TRANSMITTAL OF W-2 FORMS



**CITY OF CENTERVILLE
INCOME TAX DEPARTMENT
100 W. SPRING VALLEY ROAD
CENTERVILLE, OH 45458-3759**

2014

MONTHLY PAYMENTS

QUARTERLY PAYMENTS

JAN. _____	JULY _____	1st Qtr. _____	2nd Qtr. _____
FEB. _____	AUG. _____	3rd Qtr. _____	4th Qtr. _____
MAR. _____	SEPT. _____		
APRIL _____	OCT. _____		
MAY _____	NOV. _____		
JUNE _____	DEC. _____		

Federal Employer Identification No. _____

- 1. Number of W-2 Forms attached.....** _____
- 2. Total Taxable Wages as reported on W-2 Forms attached..... \$** _____
- 3. Centerville Tax Rate** _____ **x 1.75%**
- 4. Tax Liability** \$ _____
- 5. Total City Tax withheld as remitted on Return of Income Tax Withheld forms for 2014..... \$** _____
- 6. Difference between line 4 and 5, other than rounding..... \$** _____

I CERTIFY THAT THE INFORMATION ON THIS RETURN IS TRUE, CORRECT, AND COMPLETE.

Signature _____ Title _____

Phone _____ Date _____

Email address _____

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

(Keep for your records - Do not file)

Month Ending	Due Date	Check Number	Date	Amount Paid	Month Ending	Due Date	Check Number	Date	Amount Paid
1/31	2/15	_____	_____	_____	7/31	8/15	_____	_____	_____
2/28	3/15	_____	_____	_____	8/31	9/15	_____	_____	_____
3/31	4/15	_____	_____	_____	9/30	10/15	_____	_____	_____
or 1st qtr	4/30	_____	_____	_____	or 3rd qtr	10/31	_____	_____	_____
4/30	5/15	_____	_____	_____	10/31	11/15	_____	_____	_____
5/31	6/15	_____	_____	_____	11/30	12/15	_____	_____	_____
6/30	7/15	_____	_____	_____	12/31	1/15	_____	_____	_____
or 2nd qtr	7/31	_____	_____	_____	or 4th qtr	1/31	_____	_____	_____