



# CITY OF CENTERVILLE ANNUAL RECONCILIATION OF CITY INCOME TAX WITHHELD

CENTERVILLE DIVISION  
OF TAXATION  
100 W. SPRING VALLEY RD.  
CENTERVILLE, OH 45458  
PHONE: (937) 433-7151  
FAX (937) 433-0310

## General Information

On or before February 28 of each year, each employer must file a withholding reconciliation. All W-2's must furnish the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. A list providing all of the information above may be submitted in lieu of actual copies of the W-2's. A CD with the W-2 information is preferred (file specifications are available on our website [www.centervilleohio.gov](http://www.centervilleohio.gov)).

**1099 Misc. Reporting:** All taxpayers who report payments to individuals (who are not employees) on Form 1099-Misc. for services performed shall also report such payments to the City when the services were performed in Centerville or when the payments were made to a Centerville resident. In lieu of actual forms, information may be submitted on a listing that includes the recipient's name, address and social security number (or federal identification number) and the amount of the payments made. This information shall be filed with the City of Centerville on or before February 28.

## Specific Instructions

List monthly or quarterly payments made on the lines provided. Record the number of W-2 forms submitted on Line 1. If there is a difference reported on Line 6 please attach documentation for the discrepancy. If Line 6 reports a deficiency, remit your payment for the amount due.

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

Make a copy of the completed form for your records and mail the completed form with W-2's (or CD with the W-2 information) to:

City of Centerville  
Income Tax Department  
100 W. Spring Valley Rd  
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

# 2022

### MONTHLY PAYMENTS

JAN. \_\_\_\_\_ JULY \_\_\_\_\_  
FEB. \_\_\_\_\_ AUG. \_\_\_\_\_  
MAR. \_\_\_\_\_ SEPT. \_\_\_\_\_  
APRIL \_\_\_\_\_ OCT. \_\_\_\_\_  
MAY \_\_\_\_\_ NOV. \_\_\_\_\_  
JUNE \_\_\_\_\_ DEC. \_\_\_\_\_

### QUARTERLY PAYMENTS

1st Qtr. \_\_\_\_\_ 2nd Qtr. \_\_\_\_\_  
3rd Qtr. \_\_\_\_\_ 4th Qtr. \_\_\_\_\_

1. Number of W-2 Forms attached..... \_\_\_\_\_
2. Total Taxable Wages as reported on W-2 Forms attached..... \$ \_\_\_\_\_
3. Centerville Tax Rate ..... \_\_\_\_\_ x 2.25%
4. Tax Liability ..... \$ \_\_\_\_\_
5. Total City Tax withheld as remitted on Return of Income Tax Withheld forms for 2022..... \$ \_\_\_\_\_
6. Difference between line 4 and 5, other than rounding..... \$ \_\_\_\_\_

Federal Employer Identification No. \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

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

Signature \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_