



CITY OF CENTERVILLE EMPLOYER MUNICIPAL WITHHOLDING TAX FORMS FOR 2024

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

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 current rate of 2.25% from all qualifying wages paid to 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.

Frequency of remittance (ORC 718.03)

1. Monthly remittance required if taxes withheld exceeded \$2,399 in prior year, OR, if any month's withholding (in the preceding calendar quarter) exceeded \$200.00.
2. All other remittances may be made quarterly

Due dates (ORC 718.03)

1. Monthly withholding payments are due 15 days after the last day of each month.
2. Quarterly withholding payments are due on the last day of the month following the end of each calendar quarter.

Method of payment (ORC 718.03)

1. **Payment of all taxes deducted and withheld on behalf of the municipal corporation shall be made by electronic funds transfer if the employer, agent of an employer, or other payer is required to make payments electronically for the purpose of paying federal taxes withheld on payments to employees under section 6302 of the Revenue Code, 26 C.F.R. 31.6302-1, or any other federal statute or regulation.**

Penalties and Interest (ORC 718.27)

1. A penalty of up to 50% of the tax due is to be charged on any unpaid withholding tax (including late payments).
2. Interest at the federal short-term rate, rounded to the nearest whole number percent, plus 5%. Interest rate is determined by the previous year's federal short-term rate for July.
3. A late filing penalty of \$25.00 for each failure to timely file a return of income tax withheld.

If you are not required to remit the tax withheld by electronic transfer, the following forms may be used. Please list the employer's Federal Identification Number, employer name and address. You may also file and pay municipal income tax withheld through the Ohio Business Gateway (OBG). Additional information about the OBG may be obtained by visiting their website at www.business.ohio.gov.

MONTHLY 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
JANUARY

1

DUE ON OR BEFORE
FEBRUARY 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
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 _____
Email Address _____

MONTHLY RETURN OF INCOME TAX WITHHELD



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

2

DUE ON OR BEFORE
MARCH 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
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 _____
Email Address _____

MONTHLY RETURN OF INCOME TAX WITHHELD



CITY OF CENTERVILLE
INCOME TAX DEPARTMENT
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CENTERVILLE, OH 45458-3759
PHONE 937-433-7151
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FOR THE MONTH(S) ENDING
MARCH

3

DUE ON OR BEFORE
APRIL 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
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 _____
Email Address _____

MONTHLY RETURN OF INCOME TAX WITHHELD



CITY OF CENTERVILLE
INCOME TAX DEPARTMENT
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FOR THE MONTH(S) ENDING
APRIL

4

DUE ON OR BEFORE
MAY 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

- 1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
- 2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
- 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 _____
Email Address _____

MONTHLY 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
MAY

5

DUE ON OR BEFORE
JUNE 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

- 1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
- 2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
- 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 _____
Email Address _____

MONTHLY RETURN OF INCOME TAX WITHHELD



CITY OF CENTERVILLE
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FOR THE MONTH(S) ENDING
JUNE

6

DUE ON OR BEFORE
JULY 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

- 1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
- 2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
- 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 _____
Email Address _____

MONTHLY 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
JULY

7

DUE ON OR BEFORE
AUGUST 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
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 _____
Email Address _____

MONTHLY 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
AUGUST

8

DUE ON OR BEFORE
SEPTEMBER 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
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 _____
Email Address _____

MONTHLY 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
SEPTEMBER

9

DUE ON OR BEFORE
OCTOBER 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
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 _____
Email Address _____

MONTHLY RETURN OF INCOME TAX WITHHELD



CITY OF CENTERVILLE
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CENTERVILLE, OH 45458-3759
PHONE 937-433-7151
FAX 937-433-0310
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FOR THE MONTH(S) ENDING
OCTOBER

10

DUE ON OR BEFORE
NOVEMBER 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
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 _____
Email Address _____

MONTHLY RETURN OF INCOME TAX WITHHELD



CITY OF CENTERVILLE
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FOR THE MONTH(S) ENDING
NOVEMBER

11

DUE ON OR BEFORE
DECEMBER 15, 2024

Identification No. _____
Employer Name _____
Employer Address _____

1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
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 _____
Email Address _____

MONTHLY 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
DECEMBER

12

DUE ON OR BEFORE
JANUARY 15, 2025

Identification No. _____
Employer Name _____
Employer Address _____

1. AMOUNT SUBJECT TO CENTERVILLE TAX \$ _____
2. TAX WITHHELD (LINE 1 x 2.25%) \$ _____
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 _____
Email Address _____



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).

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

2024

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 2024..... \$ _____
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 _____

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	_____	_____	_____