



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 or flashdrive 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 (CD or flashdrive 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. _____

Federal Employer Identification No. _____

Employer Name _____

Employer Address _____

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..... \$ _____

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

Signature _____ Title _____

Phone _____ Date _____

Email address _____