

**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

**CITY OF NORWOOD**  
**EARNINGS TAX DEPT.**  
**LOCK BOX LOC. 00332**  
**CINCINNATI, OH 45264**

PHONE 513-458-4590  
 FAX 513-458-4581

MAKE CHECK PAYABLE TO:

←  
 MAILING LABELS  
 PROVIDED  
 MAKE COPIES FOR  
 YOUR RECORDS

1. NUMBER OF TAXABLE EMPLOYEES →	<input type="text"/>	DOLLARS	CENTS
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID ALL EMPLOYEES (*) →			
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-RESIDENTS FOR SERVICES OUTSIDE NORWOOD) →			
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →			
5. ACTUAL TAX WITHHELD AT 2.0% →			

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

**FEDERAL ID:** \_\_\_\_\_

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

FOR THE MONTHS OF: **JANUARY 2007**  
 DUE ON OR BEFORE: **FEBRUARY 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED ARE TRUE AND CORRECT.

**RECONCILIATION INSTRUCTIONS**

Original of this reconciliation form must be filed with the Tax Commissioner of Norwood, OH on or before February 28, 2007 together with copies of W-2 Forms or a list of employees withheld from as requested under line No. 7. List must include employee's name, address, Social Security Number, taxable earnings, and amount of Norwood earnings tax withheld. Make a copy of this form for your records.

**REMIT THIS RECONCILIATION FORM & W-2 FORMS TO:**

**NORWOOD TAX OFFICE**  
**4645 MONTGOMERY ROAD**  
**NORWOOD, OH 45212**

**DO NOT SEND THE RECONCILIATION TO: NORWOOD BOX LOCATION 00332**

**THE LOCK BOX IS ONLY FOR QUARTERLY OR MONTHLY PAYMENTS**

**FORM N5-2006**  
**NORWOOD RECONCILIATION OF TAX WITHHELD FOR 2006**

NORWOOD TAX OFFICE  
 4645 MONTGOMERY ROAD  
 NORWOOD, OH 45212  
 PHONE 513-458-4590

- 1. TOTAL NUMBER OF TAXABLE EMPLOYEES.....
- 2. TOTAL PAYROLL FOR THE YEAR \$.....
- 3. LESS PAYROLL NOT SUBJECT TO TAX \$.....
- 4. PAYROLL SUBJECT TO TAX \$.....

**FEDERAL ID:** \_\_\_\_\_

**EMPLOYER'S MONTHLY RETURNS**

- 5. WITHHOLDING TAX LIABILITY OF 2% OF LINE 4.....
- 6. TOTAL INCOME TAX WITHHELD FROM WAGES AND PAID TO THE CITY OF NORWOOD DURING 2006
 

QUARTER ENDING MARCH 31	\$.....
QUARTER ENDING JUNE 30	\$.....
QUARTER ENDING SEPTEMBER 30	\$.....
QUARTER ENDING DECEMBER 31	\$.....
TOTAL FOR YEAR	\$.....
- 7. OVERPAYMENT \$.....OR TAX DUE \$.....  
 (SUBTRACT TOTAL OF LINE 6 FROM LINE 5)

**THIS FORM MUST BE FILED ON OR BEFORE**  
**FEBRUARY 28, 2007 ATTACH COPIES OF**  
**W-2 FORMS AND INCLUDE 1099 MISC FORMS**

TAX OFFICE  
 USE ONLY [ ]

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

FOR THE MONTHS OF: **FEBRUARY 2007**  
DUE ON OR BEFORE: **MARCH 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC. 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

FOR THE MONTHS OF: **MARCH 2007**  
DUE ON OR BEFORE: **APRIL 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC. 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

FOR THE MONTHS OF: **APRIL 2007**  
DUE ON OR BEFORE: **MAY 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER  
COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-  
RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

FOR THE MONTHS OF: **MAY 2007**  
DUE ON OR BEFORE: **JUNE 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC. 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER  
COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-  
RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

FOR THE MONTHS OF: **JUNE 2007**  
DUE ON OR BEFORE: **JULY 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC. 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER  
COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-  
RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

FOR THE MONTHS OF: **JULY 2007**  
DUE ON OR BEFORE: **AUGUST 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER  
COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-  
RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

FOR THE MONTHS OF: **AUGUST 2007**  
DUE ON OR BEFORE: **SEPTEMBER 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC. 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER  
COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-  
RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

FOR THE MONTHS OF: **SEPTEMBER 2007**  
DUE ON OR BEFORE: **OCTOBER 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC. 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER  
COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-  
RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

FOR THE MONTHS OF: **OCTOBER 2007**  
DUE ON OR BEFORE: **NOVEMBER 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER  
COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-  
RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

FOR THE MONTHS OF: **NOVEMBER 2007**  
DUE ON OR BEFORE: **DECEMBER 15, 2007**

(SIGNED) \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC. 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER  
COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-  
RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

FOR THE MONTHS OF: **DECEMBER 2007**  
DUE ON OR BEFORE: **JANUARY 15, 2008**

(SIGNED) \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED ARE TRUE AND CORRECT.

# EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

**CITY OF NORWOOD**  
EARNINGS TAX DEPT.  
LOCK BOX LOC. 00332  
CINCINNATI, OH 45264

PHONE 513-458-4590  
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS  
PROVIDED  
MAKE COPIES FOR  
YOUR RECORDS

## FEDERAL ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY  
CHANGES IN OWNERSHIP OR NAME AND ADDRESS

1. NUMBER OF TAXABLE EMPLOYEES →
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER  
COMPENSATION PAID ALL EMPLOYEES (\*) →
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-  
RESIDENTS FOR SERVICES OUTSIDE OF NORWOOD) →
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

(\*) IF NO WAGES PAID THIS MONTH MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

FOR THE MONTHS OF:  
DUE ON OR BEFORE:

(SIGNED) \_\_\_\_\_

(OFFICIAL  
TITLE) \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION AND  
STATEMENTS CONTAINED ARE TRUE AND CORRECT.