

EMPLOYER'S QUARTERLY 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 NORWOOD) →
4. TAXABLE EARNINGS (ITEMS 2 MINUS ITEM 3) →
5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

FEDERAL ID:

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

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

FOR THE MONTHS OF: **JAN, FEB, MARCH 2008**
 DUE ON OR BEFORE: **APRIL 30, 2008**

(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, 2008 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 N5-2007
NORWOOD RECONCILIATION OF TAX WITHHELD FOR 2007

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 WITHHOLDING RETURNS

5. WITHHOLDING TAX LIABILITY OF 2% OF LINE 4.....
6. TOTAL INCOME TAX WITHHELD FROM WAGES AND PAID TO CITY OF NORWOOD DURING 2005

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, 2008 ATTACH COPIES OF
 W-2 FORMS AND INCLUDE 1099 MISC FORMS**

TAX OFFICE
 USE ONLY []

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

FOR THE MONTHS OF: **APRIL, MAY, JUNE 2008**
DUE ON OR BEFORE: **JULY 31, 2008**

(SIGNED) _____

(OFFICIAL TITLE) _____

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FOR THE MONTHS OF: **JULY, AUG, SEPT 2008**
DUE ON OR BEFORE: **OCT 31, 2008**

(SIGNED) _____

(OFFICIAL TITLE) _____

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FOR THE MONTHS OF: **OCT, NOV, DEC 2008**
DUE ON OR BEFORE: **JAN 31, 2009**

(SIGNED) _____

(OFFICIAL TITLE) _____

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