

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

ACCOUNT NO:

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

FOR THE MONTH OF: **JANUARY 2012**
 DUE ON OR BEFORE: **FEBRUARY 15, 2012**

(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, 2012 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 N5-2011

NORWOOD RECONCILIATION OF TAX WITHHELD FOR 2011

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 \$.....

ACCOUNT NO: _____

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 2011
 - 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, 2012 ATTACH COPIES OF
 W-2 FORMS AND INCLUDE 1099 MISC FORMS**

TAX OFFICE
 USE ONLY []

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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 MONTH OF: **FEBRUARY 2012**
DUE ON OR BEFORE: **MARCH 15, 2012**

(SIGNED) _____

(OFFICIAL
TITLE) _____

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DOLLARS	CENTS

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FOR THE MONTH OF: **MARCH 2012**
DUE ON OR BEFORE: **APRIL 15, 2012**

(SIGNED) _____

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FOR THE MONTH OF: **APRIL 2012**
DUE ON OR BEFORE: **MAY 15, 2012**

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FOR THE MONTH OF: **MAY 2012**
DUE ON OR BEFORE: **JUNE 15, 2012**

(SIGNED) _____

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FOR THE MONTH OF: **JUNE 2012**
DUE ON OR BEFORE: **JULY 15, 2012**

(SIGNED) _____

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DOLLARS	CENTS

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FOR THE MONTH OF: **JULY 2012**
DUE ON OR BEFORE: **AUGUST 15, 2012**

(SIGNED) _____

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FOR THE MONTH OF: **AUGUST 2012**
DUE ON OR BEFORE: **SEPTEMBER 15, 2012**

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DOLLARS	CENTS

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

FOR THE MONTH OF: **SEPTEMBER 2012**
DUE ON OR BEFORE: **OCTOBER 15, 2012**

(SIGNED) _____

(OFFICIAL
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DOLLARS	CENTS

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

FOR THE MONTH OF: **OCTOBER 2012**
DUE ON OR BEFORE: **NOVEMBER 15, 2012**

(SIGNED) _____

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FOR THE MONTH OF: **NOVEMBER 2012**
 DUE ON OR BEFORE: **DECEMBER 15, 2012**

(SIGNED) _____

(OFFICIAL TITLE) _____

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DOLLARS	CENTS

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

FOR THE MONTH OF: **DECEMBER 2012**
 DUE ON OR BEFORE: **JANUARY 15, 2013**

(SIGNED) _____

(OFFICIAL TITLE) _____

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

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

CITY OF NORWOOD
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 DUE ON OR BEFORE:

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