

NORWOOD RECONCILIATION OF TAX WITHHELD FOR 2017

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... \$

- 5. WITHHOLDING TAX LIABILITY OF 2% OF LINE 4...
6. TOTAL INCOME TAX WITHHELD FROM WAGES AND PAID TO CITY OF NORWOOD DURING 2016
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, 2018 ATTACH COPIES OF
W-2 FORMS AND INCLUDE 1099 MISC FORMS

ACCOUNT NO:

TAX OFFICE
USE ONLY

RECONCILIATION INSTRUCTIONS

Original of this reconciliation form must be filed with the Tax Commissioner of Norwood, OH on or before February 28, 2018 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 P.O. BOX 640332
THE LOCK BOX IS ONLY FOR QUARTERLY OR MONTHLY PAYMENTS

EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

CITY OF NORWOOD
EARNINGS TAX DEPT.
P.O. BOX 640332
CINCINNATI, OH 45264-0332

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 (ITEM 2 MINUS ITEM 3) →
- 5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

ACCOUNT NO:

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: **JANUARY 2018**
DUE ON OR BEFORE: **FEBRUARY 15, 2018**

(SIGNED) _____

(PRINTED NAME) _____

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

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FOR THE MONTHS OF: **FEBRUARY 2018**
DUE ON OR BEFORE: **MARCH 15, 2018**

(SIGNED) _____

(PRINTED NAME) _____

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FOR THE MONTHS OF: **MARCH 2018**
DUE ON OR BEFORE: **APRIL 15, 2018**

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(PRINTED NAME) _____

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FOR THE MONTHS OF: **APRIL 2018**
DUE ON OR BEFORE: **MAY 15, 2018**

(SIGNED) _____

(PRINTED NAME) _____

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FOR THE MONTHS OF: **MAY 2018**
DUE ON OR BEFORE: **JUNE 15, 2018**

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(PRINTED NAME) _____

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FOR THE MONTHS OF: **JUNE 2018**
DUE ON OR BEFORE: **JULY 15, 2018**

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FOR THE MONTHS OF: **JULY 2018**
DUE ON OR BEFORE: **AUGUST 15, 2018**

(SIGNED) _____

(PRINTED NAME) _____

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FOR THE MONTHS OF: **AUGUST 2018**
DUE ON OR BEFORE: **SEPTEMBER 15, 2018**

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DUE ON OR BEFORE: **OCTOBER 15, 2018**

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FOR THE MONTHS OF: **OCTOBER 2018**
DUE ON OR BEFORE: **NOVEMBER 15, 2018**

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