

**EMPLOYER MUNICIPAL WITHHOLDING BOOKLET**

ENTER \_\_\_\_\_  
 NAME \_\_\_\_\_  
 AND \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 EIN#:

NORTHWOOD DEPT OF TAXATION  
 6000 WALES RD  
 NORTHWOOD, OH 43619  
 PHONE: (419) 693-9326 • FAX: (419) 690-1691

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EIN#:

**EMPLOYER'S RETURN OF TAX WITHHELD**

1. Taxable Earnings Paid All Employees Subject To Northwood Income Tax
2. Northwood Tax Withheld @ 1.5% .....
3. Northwood Tax Withheld (Resident courtesy withholding) .....
4. Adjustments of Tax From Prior Reporting .....
5. Penalty/Interest .....
6. Total Paid (Include Interest & Penalty If Any).....

DOLLARS	CENTS

**THIS RETURN MUST BE FILED AND THE TAXES PAID ON OR BEFORE:**

**IF TAXES ARE LESS THAN \$200.00 MONTHLY:..... LAST DAY OF THE MONTH FOLLOWING THE LAST DAY OF EACH QUARTER.**

**IF TAXES ARE GREATER THAN \$200.00 MONTHLY:... 15 DAYS FOLLOWING THE LAST DAY OF EACH CALENDAR MONTH.**

**FOR THE MONTH ENDING: ..... JANUARY 31,**

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

SIGNED \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

NORTHWOOD DEPT OF TAXATION  
 6000 WALES RD  
 NORTHWOOD, OH 43619  
 PHONE: (419) 693-9326 • FAX: (419) 690-1691

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**FOR THE MONTH ENDING: ..... FEBRUARY 28,**

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

SIGNED \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

NORTHWOOD DEPT OF TAXATION  
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**FOR THE MONTH ENDING: ..... MARCH 31,**

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

SIGNED \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

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**FOR THE MONTH ENDING: ..... APRIL 30,**

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

SIGNED \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

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6000 WALES RD  
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**FOR THE MONTH ENDING: ..... MAY 31,**

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

SIGNED \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

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**FOR THE MONTH ENDING: ..... JUNE 30,**

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

SIGNED \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

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**FOR THE MONTH ENDING: ..... JULY 31,**

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

SIGNED \_\_\_\_\_

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**FOR THE MONTH ENDING: ..... AUGUST 31,**

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

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EIN#:

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**FOR THE MONTH ENDING: ..... SEPTEMBER 30,**

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

SIGNED \_\_\_\_\_

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**FOR THE MONTH ENDING: ..... OCTOBER 31,**

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

SIGNED \_\_\_\_\_

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**FOR THE MONTH ENDING: ..... NOVEMBER 30,**

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

SIGNED \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

EIN#:

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**FOR THE MONTH ENDING: ..... DECEMBER 31,**

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

SIGNED \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_

**EIN#:**

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**PHONE: (419) 693-9326 • FAX: (419) 690-1691**

**WITHHOLDING TAX RECONCILIATION**  
 With Forms W-2 Submitted Herewith

**LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEB 28**

**FOR PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_**

1. Total number of employees subject to Northwood tax and number of W-2 Forms submitted herewith: .....
2. Total amount of Northwood Tax Withheld from all employees: ..... \$ .....
3. Total amount of all wages paid subject to Northwood tax: ..... \$ .....

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4. Total Northwood income tax withheld from compensation, for the periods of either monthly or quarterly:

MONTHLY DUE DATES		QUARTERLY
Feb 15 _____	Aug 15 _____	1st Qtr. _____
Mar 15 _____	Sep 15 _____	2nd Qtr. _____
Apr 15 _____	Oct 15 _____	3rd Qtr. _____
May 15 _____	Nov 15 _____	4th Qtr. _____
Jun 15 _____	Dec 15 _____	\$ _____
Jul 15 _____	Jan 15 _____	

5. Grand Total Remitted ..... \$ .....
- Items 2 and 5 should be identical, explain fully any discrepancy.

**EIN#:**