

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

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 _____

EIN#:

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 6000 WALES RD
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FOR THE MONTH ENDING: FEBRUARY 28,

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

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FOR THE MONTH ENDING: MARCH 31,

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

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OFFICIAL TITLE _____

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NORTHWOOD, OH 43619
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FOR THE MONTH ENDING: APRIL 30,

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

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OFFICIAL TITLE _____

EIN#:

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FOR THE MONTH ENDING: MAY 31,

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

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FOR THE MONTH ENDING: JUNE 30,

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

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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:

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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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NORTHWOOD, OH 43619
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FOR THE MONTH ENDING: SEPTEMBER 30,

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FOR THE MONTH ENDING: OCTOBER 31,

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

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FOR THE MONTH ENDING: NOVEMBER 30,

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FOR THE MONTH ENDING: DECEMBER 31,

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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: \$

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#: