

CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD

FIRST QUARTER, _____ **DUE APRIL 30**

- 1. Total Gross Payroll Subject to City Tax..... 1
- 2. Actual Tax Withheld for City Income Tax @ 1%..... 2
- 3. Adjustment of Tax for Prior Period 3

TOTAL

	Dollars	Cents
\$		
\$		
\$		
\$		

Late filing fee, penalty and interest will be assessed upon receipt of payment.

Account # _____ Federal ID # _____
 Name _____
 Address _____
 City, State, Zip _____
 Submitted By _____
 Date _____ Telephone # _____

TAX OFFICE USE ONLY

TOTAL PAID \$ _____

CASH CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

PLEASE RETURN THIS COPY AND MAKE CHECKS PAYABLE TO THE CITY OF GALLIPOLIS INCOME TAX DEPT.

CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD

SECOND QUARTER, _____ **DUE JULY 31**

- 1. Total Gross Payroll Subject to City Tax..... 1
- 2. Actual Tax Withheld for City Income Tax @ 1%..... 2
- 3. Adjustment of Tax for Prior Period 3

TOTAL

	Dollars	Cents
\$		
\$		
\$		
\$		

Late filing fee, penalty and interest will be assessed upon receipt of payment.

Account # _____ Federal ID # _____
 Name _____
 Address _____
 City, State, Zip _____
 Submitted By _____
 Date _____ Telephone # _____

TAX OFFICE USE ONLY

TOTAL PAID \$ _____

CASH CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD

THIRD QUARTER, _____ **DUE OCTOBER 31**

- 1. Total Gross Payroll Subject to City Tax..... 1
- 2. Actual Tax Withheld for City Income Tax @ 1%..... 2
- 3. Adjustment of Tax for Prior Period 3

TOTAL

	Dollars	Cents
\$		
\$		
\$		
\$		

Late filing fee, penalty and interest will be assessed upon receipt of payment.

Account # _____ Federal ID # _____
 Name _____
 Address _____
 City, State, Zip _____
 Submitted By _____
 Date _____ Telephone # _____

TAX OFFICE USE ONLY

TOTAL PAID \$ _____

CASH CHECK _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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**CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD
FOURTH QUARTER, _____ DUE JANUARY 31**

	Dollars	Cents
1. Total Gross Payroll Subject to City Tax1	\$	
2. Actual Tax Withheld for City Income Tax @ 1%2	\$	
3. Adjustment of Tax for Prior Period3	\$	
TOTAL	\$	

**Late filing fee, penalty and interest will be assessed upon late receipt of payment.*

Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

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TAX OFFICE USE ONLY	
TOTAL PAID \$	_____
CASH	CHECK _____
RECEIPT #	_____
LATE FEE	TOTAL _____
PENALTY	MONTHS LATE _____
INTEREST	DATE BILLED _____

**CITY OF GALLIPOLIS, OHIO — WITHHOLDING TAX RECONCILIATION
CITY INCOME TAX WITHHELD FOR THE YEAR, _____ DUE FEBRUARY 28**

*Copies of W-2's of taxable employees must accompany the filing of this reconciliation form.
Copies of all 1099-Misc. forms must also accompany this form.*

	Dollars	Cents
1. Total Gross Payroll Subject to City Tax1	\$	
2. Actual Tax Withheld for City Income Tax @ 1%2	\$	
3. Adjustment of Tax for Prior Period3	\$	
4. Actual Tax Withheld Per W-2's4	\$	
5. First Quarter Payments Due April 30.....	\$	
Second Quarter Payments Due July 31	\$	
Third Quarter Payments Due October 31	\$	
Fourth Quarter Payments Due January 31	\$	
Total Remitted for the Year5	\$	
6. Overpayment Credit to Next Year (Line 4 minus Line 5) ...6	\$	
7. Additional Tax Due	\$	

**Late filing fees will be assessed upon late receipt of reconciliation.*

Account # _____ Federal ID # _____

Name _____

Address _____

City, State, Zip _____

Submitted By _____

Date _____ Telephone # _____

Use the space below for explanation of adjustments:

TAX OFFICE USE ONLY	
TOTAL PAID \$	_____
CASH	CHECK _____
RECEIPT #	_____
LATE FEE	TOTAL _____
PENALTY	MONTHS LATE _____
INTEREST	DATE BILLED _____

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