

CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD  
**FIRST QUARTER,** \_\_\_\_\_ **DUE APRIL 30**

		Dollars	Cents
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	\$	
<b>TOTAL</b>		\$	

TAX OFFICE USE ONLY

TOTAL PAID \$ \_\_\_\_\_

CASH    CHECK \_\_\_\_\_

LATE FEE \_\_\_\_\_ TOTAL \_\_\_\_\_

PENALTY \_\_\_\_\_ MONTHS LATE \_\_\_\_\_

INTEREST \_\_\_\_\_ DATE BILLED \_\_\_\_\_

*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 # \_\_\_\_\_

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**

		Dollars	Cents
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	\$	
<b>TOTAL</b>		\$	

TAX OFFICE USE ONLY

TOTAL PAID \$ \_\_\_\_\_

CASH    CHECK \_\_\_\_\_

LATE FEE \_\_\_\_\_ TOTAL \_\_\_\_\_

PENALTY \_\_\_\_\_ MONTHS LATE \_\_\_\_\_

INTEREST \_\_\_\_\_ DATE BILLED \_\_\_\_\_

*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 # \_\_\_\_\_

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CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD  
**THIRD QUARTER,** \_\_\_\_\_ **DUE OCTOBER 31**

		Dollars	Cents
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	\$	
<b>TOTAL</b>		\$	

TAX OFFICE USE ONLY

TOTAL PAID \$ \_\_\_\_\_

CASH    CHECK \_\_\_\_\_

LATE FEE \_\_\_\_\_ TOTAL \_\_\_\_\_

PENALTY \_\_\_\_\_ MONTHS LATE \_\_\_\_\_

INTEREST \_\_\_\_\_ DATE BILLED \_\_\_\_\_

*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 # \_\_\_\_\_

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**CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD  
FOURTH QUARTER, \_\_\_\_\_ DUE JANUARY 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 \$	_____
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK _____
LATE FEE _____	TOTAL _____
PENALTY _____	MONTHS LATE _____
INTEREST _____	DATE BILLED _____

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

*Copies of W-2's of taxable employees must accompany the filing of this reconciliation form.*

*If nonemployee compensation was paid, copies of 1099-Misc. forms must also accompany this form.*

1. Total Gallipolis Payroll for the Year ..... 1
2. Less Payroll Not Subject to Tax (*Please explain*)..... 2
3. Payroll Subject to Tax ..... 3
4. Withholding Tax Liability @ 1% of line 3..... 4

	Dollars	Cents
\$		
\$		
\$		
\$		

First Quarter Due April 30.....

Second Quarter Due July 31.....

Third Quarter Due October 31.....

Fourth Quarter Due January 31.....

5. Total Remitted for the Year ..... 5
6. Overpayment Credit to Next Year (*Line 4 minus Line 5*)..... 6
7. Additional Tax Due (*If Under \$1.00 - Do Not Remit*) ..... 7

\$		
\$		
\$		
\$		
\$		
\$		
\$		

*Refunds are not Issued to Active Accounts and Amounts Under \$1.00.*

*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 \$	_____
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK _____
LATE FEE _____	TOTAL _____
PENALTY _____	MONTHS LATE _____
INTEREST _____	DATE BILLED _____

Use the space below for explanation of adjustments:

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