



PRESORTED
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GALLIPOLIS, OHIO
PERMIT NO. 44

RETURN SERVICE REQUESTED

FROM:

City of Gallipolis
Income Tax Department
518 Second Avenue
Gallipolis, OH 45631-1219
Telephone: 740-441-6009
Facsimile: 740-441-2070

CITY OF GALLIPOLIS QUARTERLY WITHHOLDING TAX STATEMENTS

TO:

[]
[]

NOTICE:

Returns are not considered filed and will not be processed:

- ❖ If applicable payment is not included
- ❖ If all requested documentation is not attached.
- ❖ If there is no social security number or federal identification number.

NOTICE

Enclosed in this package is the information and forms needed to prepare and file employer's quarterly returns of tax withheld. This booklet contains a form for each calendar month to be returned to the Gallipolis City Income Tax Department.

Please read the instructions carefully and complete each form in its entirety.

To avoid errors in processing and to assure proper credit to your account, please type or print your name and address where indicated including the account number as shown on the mailing label of this booklet.

WHO MUST FILE:

Each employer within, or doing business within, the City of Gallipolis who employs one or more persons is required to withhold city income tax from all compensation paid employees at the time or times such compensation is paid and to file a withholding form and remit such tax to the Gallipolis City Income Tax Department.

WITHHOLDING RATE:

1% of gross compensation.

DUE DATE:

Returns are due at the end of the month following the close of each quarter. Returns are necessary even if wages were paid or no tax is due. If your withholding account should be removed from our active files, please notify our office with all pertinent information and effective dates.

CHANGE OF STATUS:

The Income Tax Department should be notified of any changes in employer status, i.e. change of ownership, consolidation, dissolution of business or any other circumstances that may affect your account.

TAXABLE INCOME:

Qualifying wages, salaries and other compensation.
Bonuses, stipends and tip income.
Commissions, fees, and other earned income.
Sick pay (including third party sick pay).
Employer supplemental unemployment benefits (sub pay).
Strike pay.
Vacation pay.
Employee contributions to retirement plans and tax deferred annuity plans (including § 401k, 403b, 457b, etc.).
Profit sharing.
Contributions made by or on behalf of employees to tax deferred annuity programs.
Uniform, automobile, moving & travel allowances.
Reimbursements in excess of deductible expenses.
Employer provided educational assistance.
Stock options (taxed when exercised, usually valued at market price less option price on the date the option is exercised).
Employer paid premiums for group term life insurance over \$50,000.00.
Compensation paid in goods or services or property usage. Taxed at fair market value.
Income from wage continuation plans (including retirement incentive plans & severance pay).
Income from guaranteed annual wage contracts.
Prizes and gifts if connected with employment.

LATE FILING FEE, PENALTY AND INTEREST: (EFFECTIVE JANUARY 1, 1999)

One time late filing fee of \$25.00 if received after due date.

Penalties for non-payment of monies required to be withheld at a rate of 1½% per month. All taxes remaining unpaid after they have become due bear interest at the rate of 1½% per month.

**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

	Dollars	Cents
\$		
\$		
\$		
TOTAL		

TAX OFFICE USE ONLY

TOTAL PAID \$ _____

CASH CHECK _____

RECEIPT # _____

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**

- 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

	Dollars	Cents
\$		
\$		
\$		
TOTAL		

TAX OFFICE USE ONLY

TOTAL PAID \$ _____

CASH CHECK _____

RECEIPT # _____

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**

- 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

	Dollars	Cents
\$		
\$		
\$		
TOTAL		

TAX OFFICE USE ONLY

TOTAL PAID \$ _____

CASH CHECK _____

RECEIPT # _____

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**

		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	\$	
TOTAL		\$	

TAX OFFICE USE ONLY	
TOTAL PAID \$	_____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	_____
RECEIPT #	_____
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 — 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.

		Dollars	Cents
1. Total Gallipolis Payroll for the Year	1	\$	
2. Less Payroll Not Subject to Tax (<i>Please explain</i>)	2	\$	
3. Payroll Subject to Tax	3	\$	
4. Withholding Tax Liability @ 1% of line 3	4	\$	
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 (<i>Line 4 minus Line 5</i>)	6	\$	
7. Additional Tax Due (<i>If Under \$1.00 - Do Not Remit</i>)	7	\$	

TAX OFFICE USE ONLY	
TOTAL PAID \$	_____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	_____
RECEIPT #	_____
LATE FEE _____	TOTAL _____
PENALTY _____	MONTHS LATE _____
INTEREST _____	DATE BILLED _____

**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 # _____

Use the space below for explanation of adjustments:

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