

**CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD
MONTH OF APRIL, _____ DUE MAY 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		

**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 DEPART.

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

**CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD
MONTH OF MAY, _____ DUE JUNE 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		

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

**CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD
MONTH OF JUNE, _____ 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		

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