

CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD
MONTH OF JULY, _____ DUE AUGUST 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 # _____

TAX OFFICE USE ONLY

TOTAL PAID \$ _____

CASH CHECK _____

RECEIPT # _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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

CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD
MONTH OF AUGUST, _____ DUE SEPTEMBER 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 # _____

TAX OFFICE USE ONLY

TOTAL PAID \$ _____

CASH CHECK _____

RECEIPT # _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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

**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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CASH CHECK _____

RECEIPT # _____

LATE FEE _____ TOTAL _____

PENALTY _____ MONTHS LATE _____

INTEREST _____ DATE BILLED _____

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