

**CITY OF GALLIPOLIS, OHIO — EMPLOYER'S RETURN OF TAX WITHHELD  
MONTH OF OCTOBER, \_\_\_\_\_ DUE NOVEMBER 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
\$		
\$		
\$		
<b>TOTAL</b>		

*\*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 _____
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 NOVEMBER, \_\_\_\_\_ DUE DECEMBER 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
\$		
\$		
\$		
<b>TOTAL</b>		

*\*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 _____
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 DECEMBER, \_\_\_\_\_ 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

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

*\*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 _____
RECEIPT #	_____
LATE FEE _____	TOTAL _____
PENALTY _____	MONTHS LATE _____
INTEREST _____	DATE BILLED _____

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