

FORM N5-2023

NORWOOD RECONCILIATION OF TAX WITHHELD FOR

NORWOOD TAX OFFICE
4645 MONTGOMERY ROAD
NORWOOD OH 45212

PHONE 513 458-4590

- 1. TOTAL NUMBER OF TAXABLE EMPLOYEES... _____
- 2. TOTAL PAYROLL FOR THE YEAR.\$ _____
- 3. LESS PAYROLL NOT SUBJECT TO TAX.....\$ _____
- 4. PAYROLL SUBJECT TO TAX\$ _____

ACCOUNT NO:

2023

EMPLOYER'S WITHHOLDING RETURNS

- 5. WITHHOLDING TAX LIABILITY OF 2% OF LINE 4
- 6. TOTAL INCOME TAX WITHHELD FROM WAGES AND PAID TO CITY OF NORWOOD DURING 21
 - QUARTER ENDING MARCH 31 \$ - - - - -
 - QUARTER ENDING JUNE 3 \$ - - - - -
 - QUARTER ENDING SEPTEMBER 3 \$ - - - - -
 - QUARTER ENDING DECEMBER 31 \$ - - - - -

TOTAL FOR YEAR \$ - - - - -

- 7. OVERPAYMENT \$ - - - - - OR TAX DUE \$ - - - - -
(SUBTRACT TOTAL OF LINE 6 FROM LINE 5)

**THIS FORM MUST BE FILED ON OR BEFORE
FEBRUARY 28, 2024 ATTACH COPIES OF
W-2 FORMS AND INCLUDE 1099 MISC FORMS**

TAX OFFICE
USE ONLY []

DO NOT SEND THE RECONCILIATION TO: NORWOOD P.O. BOX 640332
THIS LOCK BOX IS ONLY FOR QUARTERLY OR MONTHLY PAYMENTS

REMIT THIS RECONCILIATION FORM & W-2 FORMS TO:

**NORWOOD TAX OFFICE
4645 MONTGOMERY ROAD
NORWOOD, OH 45212**

RECONCILIATION INSTRUCTIONS

Original of this reconciliation form must be filed with the Tax Commissioner of Norwood, OH on or before February 28, 2024 together with copies of W-2 Forms or a list of employees withheld from as requested under line No. 7. List must include employee's name, address, Social Security Number, taxable earnings, and amount of Norwood earnings tax withheld. Make a copy of this form for your records.

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

CITY OF NORWOOD
EARNINGS TAX DEPT.
P.O Box 640332
CINCINNATI, OH 45264-0332

PHONE 513-458-4590
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS
PROVIDED
MAKE COPIES FOR
YOUR RECORDS

NUMBER OF TAXABLE EMPLOYEES → <input type="text"/>	DOLLARS	CENTS
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID ALL EMPLOYEES (*) →		
3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-RESIDENTS FOR SERVICES OUTSIDE NORWOOD) →		
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →		
5. ACTUAL TAX WITHHELD AT 2.0% →		

(*) IF NO WAGES PAID THIS QUARTER MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

ACCOUNT NO:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

FOR THE MONTHS OF: **JAN, FEB, MARCH 2024**
DUE ON OR BEFORE: **APRIL 15, 2024**

(SIGNED) _____

(PRINTED NAME) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED ARE TRUE AND CORRECT.

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

CITY OF NORWOOD
EARNINGS TAX DEPT.
P.O Box 640332
CINCINNATI, OH 45264-0332

PHONE 513-458-4590
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS
PROVIDED
MAKE COPIES FOR
YOUR RECORDS

- NUMBER OF TAXABLE EMPLOYEES →
- 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID ALL EMPLOYEES (*) →
- 3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-RESIDENTS FOR SERVICES OUTSIDE NORWOOD) →
- 4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
- 5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

ACCOUNT NO:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

(*) IF NO WAGES PAID THIS QUARTER MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

FOR THE MONTHS OF: **APR, MAY, JUN 2024**
DUE ON OR BEFORE: **JULY 15, 2024**

(SIGNED) _____

(PRINTED NAME) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED ARE TRUE AND CORRECT.

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

CITY OF NORWOOD
EARNINGS TAX DEPT.
P.O Box 640332
CINCINNATI, OH 45264-0332

PHONE 513-458-4590
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS
PROVIDED
MAKE COPIES FOR
YOUR RECORDS

- NUMBER OF TAXABLE EMPLOYEES →
- 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID ALL EMPLOYEES (*) →
- 3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-RESIDENTS FOR SERVICES OUTSIDE NORWOOD) →
- 4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
- 5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

ACCOUNT NO:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

(*) IF NO WAGES PAID THIS QUARTER MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

FOR THE MONTHS OF: **JUL, AUG, SEP 2024**
DUE ON OR BEFORE: **OCTOBER 15, 2024**

(SIGNED) _____

(PRINTED NAME) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED ARE TRUE AND CORRECT.

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

CITY OF NORWOOD
EARNINGS TAX DEPT.
P.O Box 640332
CINCINNATI, OH 45264-0332

PHONE 513-458-4590
FAX 513-458-4581

MAKE CHECK PAYABLE TO:



MAILING LABELS
PROVIDED
MAKE COPIES FOR
YOUR RECORDS

- NUMBER OF TAXABLE EMPLOYEES →
- 2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID ALL EMPLOYEES (*) →
- 3. LESS: NON-TAXABLE ITEMS (COMPENSATION PAID NON-RESIDENTS FOR SERVICES OUTSIDE NORWOOD) →
- 4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) →
- 5. ACTUAL TAX WITHHELD AT 2.0% →

DOLLARS	CENTS

ACCOUNT NO:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

(*) IF NO WAGES PAID THIS QUARTER MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION

FOR THE MONTHS OF: **OCT, NOV, DEC 2024**
DUE ON OR BEFORE: **JANUARY 15, 2025**

(SIGNED) _____

(PRINTED NAME) _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED ARE TRUE AND CORRECT.