

**FORM N5-2018
NORWOOD RECONCILIATION OF TAX WITHHELD FOR 2018**

EMPLOYER'S WITHHOLDING RETURNS

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..... \$ _____

- 5. WITHHOLDING TAX LIABILITY OF 2% OF LINE 4..... \$.....
- 6. TOTAL INCOME TAX WITHHELD FROM WAGES AND PAID TO CITY OF NORWOOD DURING 2016
 - QUARTER ENDING MARCH 31 \$.....
 - QUARTER ENDING JUNE 30 \$.....
 - QUARTER ENDING SEPTEMBER 30 \$.....
 - 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, 2019 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, 2019 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 MONTHLY 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

- 1. 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

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

FOR THE MONTHS OF: **JANUARY 2019**
DUE ON OR BEFORE: **FEBRUARY 15, 2019**

(SIGNED) _____
(PRINTED NAME) _____

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

ACCOUNT NO:

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

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DOLLARS	CENTS

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FOR THE MONTHS OF: **FEBRUARY 2019**
DUE ON OR BEFORE: **MARCH 15, 2019**

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(PRINTED NAME) _____

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FOR THE MONTHS OF: **MARCH 2019**
DUE ON OR BEFORE: **APRIL 15, 2019**

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(PRINTED NAME) _____

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FOR THE MONTHS OF: **APRIL 2019**
DUE ON OR BEFORE: **MAY 15, 2019**

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(PRINTED NAME) _____

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FOR THE MONTHS OF: **MAY 2019**
DUE ON OR BEFORE: **JUNE 15, 2019**

(SIGNED) _____

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FOR THE MONTHS OF: **JUNE 2019**
DUE ON OR BEFORE: **JULY 15, 2019**

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FOR THE MONTHS OF: **JULY 2019**
DUE ON OR BEFORE: **AUGUST 15, 2019**

(SIGNED) _____

(PRINTED NAME) _____

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FOR THE MONTHS OF: **AUGUST 2019**
DUE ON OR BEFORE: **SEPTEMBER 15, 2019**

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(PRINTED NAME) _____

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FOR THE MONTHS OF: **SEPTEMBER 2019**
DUE ON OR BEFORE: **OCTOBER 15, 2019**

(SIGNED) _____

(PRINTED NAME) _____

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FOR THE MONTHS OF: **OCTOBER 2019**
DUE ON OR BEFORE: **NOVEMBER 15, 2019**

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FOR THE MONTHS OF: **NOVEMBER 2019**
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FOR THE MONTHS OF: **DECEMBER 2019**
DUE ON OR BEFORE: **JANUARY 15, 2020**

(SIGNED) _____
(PRINTED NAME) _____

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