

CITY OF NEW PHILADELPHIA
DEPARTMENT OF TAXATION
150 East High Avenue, Suite 041
New Philadelphia, Ohio 44663

┌
TO:
└

IMPORTANT

2009 EMPLOYER'S QUARTERLY RETURNS OF TAX WITHHELD

*This packet contains withholding tax forms
you are required to file.*

The Rate for 2009 is 1.5%

PLEASE DO NOT DESTROY - IMPORTANT TAX FORMS

NEW PHILADELPHIA

Est. 1804

Dear Employer:

This is your 2009 Employer's Quarterly Return of Tax Withheld package. Included are all four quarterly forms for your convenience. The quarterly forms are due as so indicated. We have also included the Employer Reconciliation of Income Tax Withheld for 2009.

The New Philadelphia City Income Tax Ordinance imposes a tax of one and one-half percent (.015) on wages, salaries, commissions or other compensation paid to employees 18 years of age or older for work done or services performed in the City of New Philadelphia. This ordinance also requires employers to withhold this tax from earnings of the employee.

If you have any questions regarding the below forms, please contact us at 150 East High Ave., Suite 041, New Philadelphia, Ohio 44663. If you wish to contact by telephone, our number is (330) 364-4491 ext. 508.

Sincerely,

INCOME TAX ADMINISTRATOR

CITY OF NEW PHILADELPHIA, OHIO

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

Check MO Cash

Form W-1

"If no wages paid this quarter mark "None" and return this form."

	DOLLARS	CENTS
1. Total Salaries, Wages, Commissions and other Compensation (New Philadelphia) -----	\$ _____	_____
2. New Philadelphia Tax Withheld at 1.5% -----	\$ _____	_____
3. Adjustments of Tax for Prior Period -----	_____	_____
4. Penalty (3% per month) -----	_____	_____
5. Interest (1/2% of 1% per month) -----	_____	_____
6. Total (Include Interest and Penalty if Due) -----	\$ _____	_____

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ / /

Owner, Partner, Member, President, Treasurer, Agent Date

Phone # _____

THIS RETURN MUST BE FILED & PAID ON OR BEFORE THE DUE DATE AS SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO

NEW PHILADELPHIA - INCOME TAX

FOR MONTHS OF APR., MAY, JUNE

DUE ON OR BEFORE JULY 31, 2009

INCOME TAX DEPT.

MAIL TO: 150 East High Avenue, Suite 041 NEW PHILADELPHIA, OHIO 44663

F.I.D.#:

Name:

Notify Income Tax Department promptly of any change in name or address as shown above.

AVOID PENALTY: FILE AND PAY PROMPTLY.

CITY OF NEW PHILADELPHIA, OHIO

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

Check MO Cash

Form W-1

"If no wages paid this quarter mark "None" and return this form."

	DOLLARS	CENTS
1. Total Salaries, Wages, Commissions and other Compensation (New Philadelphia) -----	\$ _____	_____
2. New Philadelphia Tax Withheld at 1.5% -----	\$ _____	_____
3. Adjustments of Tax for Prior Period -----	_____	_____
4. Penalty (3% per month) -----	_____	_____
5. Interest (1/2% of 1% per month) -----	_____	_____
6. Total (Include Interest and Penalty if Due) -----	\$ _____	_____

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ / /

Owner, Partner, Member, President, Treasurer, Agent Date

Phone # _____

THIS RETURN MUST BE FILED & PAID ON OR BEFORE THE DUE DATE AS SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO

NEW PHILADELPHIA - INCOME TAX

FOR MONTHS OF JAN., FEB., MAR.

DUE ON OR BEFORE APRIL 30, 2009

INCOME TAX DEPT.

MAIL TO: 150 East High Avenue, Suite 041 NEW PHILADELPHIA, OHIO 44663

F.I.D.#:

Name:

Notify Income Tax Department promptly of any change in name or address as shown above.

AVOID PENALTY: FILE AND PAY PROMPTLY.

EMPLOYER RECONCILIATION OF INCOME TAX FOR YEAR 2009

IMPORTANT

CITY OF NEW PHILADELPHIA, OHIO

150 East High Avenue, Suite 041
New Philadelphia, Ohio 44663-2540

**EMPLOYEE LISTING, ADDRESSES,
AND/OR W-2 FORMS ARE REQUIRED
WITH THIS RECONCILIATION.**

DUE ON OR BEFORE JANUARY 31, 2010

NUMBER OF EMPLOYEES REPORTED _____

QUARTERS	NEW PHILADELPHIA SALARIES PAID	AMOUNT WITHHELD
1ST	\$ _____	\$ _____
2ND	\$ _____	\$ _____
3RD	\$ _____	\$ _____
4TH	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

F.I.D.#:

Name:

Phone #:

EXPLAIN DIFFERENCE BETWEEN THE AMOUNT REPORTED AND AMOUNT PAID THE CITY.

CITY OF NEW PHILADELPHIA, OHIO

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

Check MO Cash

Form W-1

"If no wages paid this quarter mark "None" and return this form."

	DOLLARS	CENTS
1. Total Salaries, Wages, Commissions and other Compensation (New Philadelphia) _____	\$ _____	_____
2. New Philadelphia Tax Withheld at 1.5% _____	\$ _____	_____
3. Adjustments of Tax for Prior Period _____	_____	_____
4. Penalty (3% per month) _____	_____	_____
5. Interest (1/2% of 1% per month) _____	_____	_____
6. Total (Include Interest and Penalty if Due) _____	\$ _____	_____

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ / /

Owner, Partner, Member, President, Treasurer, Agent Date

Phone # _____

**THIS RETURN MUST BE FILED & PAID
ON OR BEFORE THE DUE DATE AS SHOWN BELOW**

MAKE CHECK OR MONEY ORDER PAYABLE TO

NEW PHILADELPHIA - INCOME TAX

FOR MONTHS OF
OCT., NOV., DEC.

DUE ON OR BEFORE
JANUARY 31, 2010

INCOME TAX DEPT.
MAIL TO: 150 East High Avenue, Suite 041
NEW PHILADELPHIA, OHIO 44663

F.I.D.#:

Name:

Notify Income Tax Department promptly of any change in name or address as shown above.

AVOID PENALTY: FILE AND PAY PROMPTLY.

CITY OF NEW PHILADELPHIA, OHIO

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

Check MO Cash

Form W-1

"If no wages paid this quarter mark "None" and return this form."

	DOLLARS	CENTS
1. Total Salaries, Wages, Commissions and other Compensation (New Philadelphia) _____	\$ _____	_____
2. New Philadelphia Tax Withheld at 1.5% _____	\$ _____	_____
3. Adjustments of Tax for Prior Period _____	_____	_____
4. Penalty (3% per month) _____	_____	_____
5. Interest (1/2% of 1% per month) _____	_____	_____
6. Total (Include Interest and Penalty if Due) _____	\$ _____	_____

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ / /

Owner, Partner, Member, President, Treasurer, Agent Date

Phone # _____

**THIS RETURN MUST BE FILED & PAID
ON OR BEFORE THE DUE DATE AS SHOWN BELOW**

MAKE CHECK OR MONEY ORDER PAYABLE TO

NEW PHILADELPHIA - INCOME TAX

FOR MONTHS OF
JULY, AUG., SEPT.

DUE ON OR BEFORE
OCTOBER 31, 2009

INCOME TAX DEPT.
MAIL TO: 150 East High Avenue, Suite 041
NEW PHILADELPHIA, OHIO 44663

F.I.D.#:

Name:

Notify Income Tax Department promptly of any change in name or address as shown above.

AVOID PENALTY: FILE AND PAY PROMPTLY.