



CITY OF NEW PHILADELPHIA
DEPARTMENT OF TAXATION
150 EAST HIGH AVENUE, SUITE 041
NEW PHILADELPHIA, OHIO 44663

IMPORTANT

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

The Rate for 2010 is 1.5%

2010 EMPLOYER'S QUARTERLY RETURNS OF TAX WITHHELD

PLEASE DO NOT DESTROY – IMPORTANT TAX FORMS

RECORDS MUST BE MAINTAINED TO SUPPORT AMOUNTS ON COUPONS; SEE WORKSHEET ON INSIDE BACK COVER

INSTRUCTIONS FOR PREPARING AND FILING FORM WH

WHO MUST FILE:

Any employer within or doing business within the City of New Philadelphia, Ohio who employs one or more persons is required to withhold the tax of (1.50%) from all compensation paid, accrued or set apart to the employee, and to file Form WH and remit tax to the New Philadelphia Income Tax Bureau.

DEPOSIT REQUIREMENTS:

Quarterly – If tax withheld or required to be withheld is less than \$100 per month, remittance is due by the last day of the month following the end of a quarterly period.

Monthly – If more than \$100 is withheld or required to be withheld, remittance is due by the last day of the following month. Any employer within the City of New Philadelphia on a temporary basis (1 year or less) is also required to remit withholding deposits monthly.

FAILURE TO FILE RETURN AND PAY TAX:

All taxes, including taxes withheld or required to be withheld from wages by an employer, and remaining unpaid after they become due shall bear interest on the amount of the unpaid tax at the rate of one and one half percent (.5%) per month (or fractional part thereof) and a late payment penalty of five percent (3%) per month (or fractional part thereof) to a

maximum of 100% of the tax due. The failure to receive a withholding deposit form shall not excuse an employer from making a return and depositing the taxes withheld.

HOW TO PREPARE THIS FORM:

Line 1 – Enter qualifying wages as defined in O.R.C. 718.03, paid to all employees subject to New Philadelphia City tax during the period for which the return is made.

Line 2 – Enter actual tax withheld or required to be withheld during the period for which the return is made and indicate percentage rate used.

Line 3 – Adjust current payment of actual tax withheld for under payment or over payment in previous period. Attach explanation if necessary.

Line 4 & 5 – See instructions under Failure to File Return and Pay Tax.

Line 6 – Enter total amount to be remitted.

NOTE: FOR COMPLETE DETAILS OF EMPLOYER REQUIREMENTS YOU MAY REQUEST A COPY OF THE TAX ORDINANCE FOR THE CITY OF NEW PHILADELPHIA.

**CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Check MO Cash

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

		DO NOT ROUND
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) _____ Date ____/____/____

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

Phone No. _____ Ext. No. _____

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

MAIL TO:
INCOME TAX DEPT.
150 EAST HIGH AVENUE, SUITE 041
NEW PHILADELPHIA, OHIO 44663

AVOID PENALTY: FILE AND PAY PROMPTLY.

F.I.D.#

NAME AND ADDRESS

**FOR MONTHS OF
JAN, FEB, MAR**

**DUE ON OR BEFORE
APRIL 30, 2010**

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

1

**CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Check MO Cash

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4.	Penalty (3% per month).....	
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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) _____ Date ____/____/____

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

Phone No. _____ Ext. No. _____

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

MAIL TO:
INCOME TAX DEPT.
150 EAST HIGH AVENUE, SUITE 041
NEW PHILADELPHIA, OHIO 44663

AVOID PENALTY: FILE AND PAY PROMPTLY.

F.I.D.#

NAME AND ADDRESS

**FOR MONTHS OF
APR, MAY, JUNE**

**DUE ON OR BEFORE
JULY 31, 2010**

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

2

**CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Check MO Cash

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6.	Total (Include Interest and Penalty if Due)..... \$	

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(Signed) _____

(Official Title) _____ Date ____/____/____

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

Phone No. _____ Ext. No. _____

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

MAIL TO:
INCOME TAX DEPT.
150 EAST HIGH AVENUE, SUITE 041
NEW PHILADELPHIA, OHIO 44663

AVOID PENALTY: FILE AND PAY PROMPTLY.

F.I.D.#

NAME AND ADDRESS

**FOR MONTHS OF
JULY, AUG, SEPT**

**DUE ON OR BEFORE
OCTOBER 31, 2010**

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

3

**CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Check MO Cash

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

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

(Signed) _____

(Official Title) _____ Date ____/____/____

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

Phone No. _____ Ext. No. _____

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

MAIL TO:
INCOME TAX DEPT.
150 EAST HIGH AVENUE, SUITE 041
NEW PHILADELPHIA, OHIO 44663

AVOID PENALTY: FILE AND PAY PROMPTLY.

F.I.D.#

NAME AND ADDRESS

**FOR MONTHS OF
OCT, NOV, DEC**

**DUE ON OR BEFORE
JANUARY 31, 2011**

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

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**CITY OF NEW PHILADELPHIA, OHIO
EMPLOYER RECONCILIATION OF INCOME TAX FOR YEAR 2010**

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

DUE ON OR BEFORE JANUARY 31, 2011

NUMBER OF EMPLOYEES REPORTED _____

F.I.D.#

NAME AND ADDRESS

Phone No.

Ext. No.

IMPORTANT

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

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

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

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Due Date	Check Number	Date	Amount
1/31	2/28	_____	_____	_____
2/28	3/31	_____	_____	_____
3/31	4/30	_____	_____	_____
or 1st qtr	4/30	_____	_____	_____
4/30	5/31	_____	_____	_____
5/31	6/30	_____	_____	_____
6/30	7/31	_____	_____	_____
or 2nd qtr	7/31	_____	_____	_____

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Due Date	Check Number	Date	Amount
7/31	8/31	_____	_____	_____
8/31	9/30	_____	_____	_____
9/30	10/31	_____	_____	_____
or 3rd qtr	10/31	_____	_____	_____
10/31	11/30	_____	_____	_____
11/30	12/31	_____	_____	_____
12/31	1/31	_____	_____	_____
or 4th qtr	1/31	_____	_____	_____