TAX DEPARTMENT
CITY OF COSHOCTON
760 CHESTNUT ST.
COSHOCTON, OH 43812

IMPORTANT TAX INFORMATION

EMPLOYER QUARTERLY WITHHOLDING BOOKLET

CITY OF COSHOCTON EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD 2016 ☐ AMENDED RETURN WITH PAYMENT

1. Taxable Earnings paid all Employees subject to City of Coshocton, 2% Income Tax
   Is this a courtesy withholding? ..... ☐ Yes
   Is this a final return? ..... ☐ Yes ☐ No
   Is this TJEDD Income Airport Rd.?... ☐ Yes ☐ No
   Is this FJEDD Income CR271?..... ☐ Yes ☐ No ..... 1.
   If yes, attach explanation
2. Actual Tax Withheld in quarter for City Income Tax ..... 2.
3. Adjustment of Tax for prior quarter (see instructions) ..... 3.
4. Penalty for late payment 50% of tax due) _____ ..... 4.
5. Total – (Lines 2-4) ..... 5.

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

Monthly remittance is required if your withholding exeeds $2,400.00 annually or $200.00 in any month

NAME AND ADDRESS

FOR THE PERIOD ENDING
JAN, FEB, MAR

DUE ON OR BEFORE
APRIL 15, 2016

MAKE CHECK OR MONEY ORDER PAYABLE TO
COSHOCTON INCOME TAX

MAIL TO:
TAX DEPARTMENT
CITY OF COSHOCTON
760 CHESTNUT ST.
COSHOCTON, OH 43812-1294
TELEPHONE (740) 622-9515

If receipt is desired, submit additional copy and enclose self-address, stamped envelope.

MUST BE POSTMARKED BY THE 15TH OF THE DUE DATE
Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

CITY OF COSHOCTON EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD 2016 ☐ AMENDED RETURN WITH PAYMENT

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(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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NAME AND ADDRESS

FOR THE PERIOD ENDING
APR, MAY, JUN

DUE ON OR BEFORE
JULY 15, 2016

MAKE CHECK OR MONEY ORDER PAYABLE TO
COSHOCTON INCOME TAX

MAIL TO:
TAX DEPARTMENT
CITY OF COSHOCTON
760 CHESTNUT ST.
COSHOCTON, OH 43812-1294
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(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

Monthly remittance is required if your withholding exeeds $2,400.00 annually or $200.00 in any month

NAME AND ADDRESS

FOR THE PERIOD ENDING
JUL, AUG, SEPT

DUE ON OR BEFORE
OCTOBER 15, 2016

MAKE CHECK OR MONEY ORDER PAYABLE TO
COSHOCTON INCOME TAX

MAIL TO:
TAX DEPARTMENT
CITY OF COSHOCTON
760 CHESTNUT ST.
COSHOCTON, OH 43812-1294
TELEPHONE (740) 622-9515

If receipt is desired, submit additional copy and enclose self-address, stamped envelope.

MUST BE POSTMARKED BY THE 15TH OF THE DUE DATE

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FORM W-1

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

Monthly remittance is required if your withholding exeeds $2,400.00 annually or $200.00 in any month

NAME AND ADDRESS

FOR THE PERIOD ENDING
OCT, NOV, DEC

DUE ON OR BEFORE
JANUARY 15, 2017

MAKE CHECK OR MONEY ORDER PAYABLE TO
COSHOCTON INCOME TAX

MAIL TO:
TAX DEPARTMENT
CITY OF COSHOCTON
760 CHESTNUT ST.
COSHOCTON, OH 43812-1294
TELEPHONE (740) 622-9515

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Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

INSTRUCTIONS

The original of this reconciliation form must be filed with the TAX ADMINISTRATOR, City of Coshocton, 760 Chestnut St., Coshocton, OH 43812-1294, on or before February 28, 2017, unless written request has been made to and granted (in writing) by the Administrator. This form must be accompanied by copies of employee's statements (Form W-2) or a printout showing (1) name and address of employee; (2) Social Security number; (3) gross earnings paid before any payroll deductions; (4) Amount of Coshocton and other city income tax withheld; and (5) name and address of employer.

If the difference between lines 3 and 4 indicates a balance due, the amount thereof should accompany this return; if the difference indicates an overpayment, attach an explanation. Refunds are not issued without request.

CITY OF COSHOCTON ANNUAL RECONCILIATION

SUBMIT BY FEBRUARY 28, 2017. W-2'S MUST BE ATTACHED.

MAIL TO: TAX DEPARTMENT
CITY OF COSHOCTON
760 CHESTNUT ST.
COSHOCTON, OH 43812

Phone: (740) 622-9515

FOR TAX YEAR ENDING _____

PAYMENT ENCLOSED ☐

REFUND REQUESTED ☐

NAME:

FORM W-3

TAXABLE EARNINGS

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1ST QUARTER	3RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2ND QUARTER	4TH QUARTER

ALL SECTIONS MUST BE COMPLETED

1. NUMBER OF W-2'S ATTACHED . . # _____
2. WAGES SUBJECT TO COSHOCTON TAX . . $ _____
3. COSHOCTON TAX WITHHELD . . . . $ _____
4. COSHOCTON TAX REMITTED . . . . . $ _____
5. BALANCE DUE OR OVERPAYMENT . $ _____

*IF LINE 5 INDICATES A BALANCE DUE, THIS AMOUNT THEREOF SHOULD ACCOMPANY THIS RETURN; IF LINE 5 INDICATES AN OVERPAYMENT, A REFUND REQUEST SIGNED BY THE EMPLOYER SHOULD BE MADE.

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

Signed _____ Title _____

Federal ID No. _____ Date _____

Phone No. _____

QUARTERLY WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Quarter Ending	Due Date	Check Number	Date	Amount
3/31	4/15	_____	_____	_____
6/30	7/15	_____	_____	_____
9/30	10/15	_____	_____	_____
12/31	1/15	_____	_____	_____