



2018 - CITY OF COSHOCTON

EMPLOYER PAYROLL WITHHOLDING FORM W-1

NAME: _____ FID: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

Please indicate which jurisdiction you are remitting tax for below. Check only one, and complete the form in its entirety for this jurisdiction. If remitting for more than one jurisdiction listed below, please use a separate form for each.

- City of Coshocton Qualifying Wages: _____
- Coshocton Franklin JEDD Qualifying Wages: _____
- Coshocton Tuscarawas JEDD Qualifying Wages: _____
- Adjustments (provide written explanation): _____
- Total Tax Withheld and Due at 2%: _____

Signature _____ Title _____ Date _____

Please indicate below the appropriate period that corresponds with this withholding remittance. For questions regarding your remittance requirements, please refer to the City of Coshocton Income Tax Ordinance, or ORC 718.

Monthly Withholding (Over \$200/ month)	Quarterly Withholding (Under \$200/ month)
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| <p>____ January 2018, due 2/15/18</p> <p>____ February 2018, due 3/15/18</p> <p>____ March 2018, due 4/15/18</p> <p>____ April 2018, due 5/15/18</p> <p>____ May 2018, due 6/15/18</p> <p>____ June 2018, due 7/15/18</p> <p>____ July 2018, due 8/15/18</p> <p>____ August 2018, due 9/15/18</p> <p>____ September 2018, due 10/15/18</p> <p>____ October 2018, due 11/15/18</p> <p>____ November 2018, due 12/15/18</p> <p>____ December 2018, due 1/15/19</p> | <p>____ 1st QTR, January through March, due 4/30/18</p> <p>____ 2nd QTR, April through June, due 7/31/18</p> <p>____ 3rd QTR, July through September, due 10/31/18</p> <p>____ 4th QTR, October through December, due 1/31/19</p> |
|--|---|

Office Use Only
Tax Due: _____
Penalty: _____ (50% of Tax)
Interest: _____ (0.50%/month)
Total Due: _____
Total Paid: _____
Balance Due: _____

Make check payable to CITY OF COSHOCTON and remit to:
 City of Coshocton, 760 Chestnut Street, Coshocton, Ohio 43812
 Need more assistance? Phone 740-622-9515 Fax 740-622-9374
 Email: jackie.cushman@cityofcoshocton.com