



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 2014**

AMENDED

RETURN WITH PAYMENT

	DOLLARS	CENTS
1. Taxable Earnings paid all Employees subject to City of Coshocton, 1.50% (0.0150) Income Tax Is this a courtesy withholding? ..... <input type="checkbox"/> Yes Is this a final return? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is this TJEDD Income Airport Rd.?... <input type="checkbox"/> Yes <input type="checkbox"/> No Is this FJEDD Income CR271? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 (0.25% at due date, 0.25% every 30 days there after) ..... 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. \_\_\_\_\_

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

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.**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JAN, FEB, MAR**

DUE ON OR BEFORE  
**APRIL 30, 2014**

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

**CITY OF COSHOCTON EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD 2014**

AMENDED

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CITY OF COSHOCTON**

760 CHESTNUT ST.  
COSHOCTON, OH 43812-1294  
TELEPHONE (740) 622-9515

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NAME AND ADDRESS

FOR THE PERIOD ENDING  
**APR, MAY, JUN**

DUE ON OR BEFORE  
**JULY 31, 2014**

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 2014**

AMENDED

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(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

Phone no. \_\_\_\_\_

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JUL, AUG, SEPT**

DUE ON OR BEFORE  
**OCTOBER 31, 2014**

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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**CITY OF COSHOCTON EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD 2014**

AMENDED

RETURN WITH PAYMENT

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(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

Phone no. \_\_\_\_\_

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**OCT, NOV, DEC**

DUE ON OR BEFORE  
**JANUARY 31, 2015**

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

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

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

## 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 January 31, 2015, 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 JANUARY 31, 2015. W-2'S MUST BE ATTACHED.**

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

**FOR TAX YEAR ENDING \_\_\_\_\_**

**PAYMENT ENCLOSED**

**REFUND REQUESTED**

**NAME:** \_\_\_\_\_

**FORM W-3**

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

<b>ALL SECTIONS MUST BE COMPLETED</b>
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)

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