



2025 - 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)

____ January 2025, due 2/15/25

____ 1st QTR, January through March, due 4/30/25

____ February 2025, due 3/15/25

____ 2nd QTR, April through June, due 7/31/25

____ March 2025, due 4/15/25

____ 3rd QTR, July through September, due 10/31/25

____ April 2025, due 5/15/25

____ 4th QTR, October through December, due 1/31/26

____ May 2025, due 6/15/25

____ June 2025, due 7/15/25

____ July 2025, due 8/15/25

____ August 2025, due 9/15/25

____ September 2025, due 10/15/25

____ October 2025, due 11/15/25

____ November 2025, due 12/15/25

____ December 2025, due 1/15/26

Office Use Only

Tax Due: _____

Penalty: _____
(50% of Tax)

Interest: _____
(0.58 %/month)

Total Due: _____

Total Paid: _____

Balance Due: _____

Make check payable to CITY OF COSHOCTON INCOME TAX 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