



**CITY OF SPRINGFIELD
INCOME TAX DIVISION
76 E. HIGH STREET
SPRINGFIELD OH 45502
(937) 324-7701**

IMPORTANT TAX INFORMATION

THIS BOOK CONTAINS:

2008 INSTRUCTIONS AND WITHHOLDING VOUCHERS

2008 INSTRUCTIONS AND ANNUAL
WITHHOLDING TAX RECONCILIATION FORM

EMPLOYER MUNICIPAL WITHHOLDING BOOKLET

INSTRUCTIONS FOR FORM MW-1

CITY OF SPRINGFIELD – EMPLOYER’S RETURN OF TAX WITHHELD

Income Tax Division, P.O. Box 5200, Springfield, OH 45501-5200 • (937) 324-7701

The AMOUNT ENCLOSED is the gross compensation of all your employees multiplied by the tax rate 2%.

Qualifying wages for withholding are defined by the Ohio Revised Code Sec. 718.03. An employer is required to withhold only on “qualifying wages”, which are wages as defined in the Internal Revenue Code section 3121(a), generally the Medicare Wage Box of the W-2 form.

Payments may be made electronically, (please call (937) 328-3402 to set up), or online at <http://tax.ci.springfield.oh.us/cmiflash/tax/>.

Withholding taxes must be received by the City of Springfield Income Tax Office on or before the due date. If withholding payments are received (postmarked) after the due date, the following penalties and interest will be imposed in compliance with the City of Springfield Ordinances.

PENALTIES: 10% if paid during the first month, 15% if paid during the second month, 20% if paid during the third month, and 25% if paid more than three months after becoming due.

INTEREST: 1% a month on all unpaid taxes.

CITY OF SPRINGFIELD OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

YEAR **PERIOD** **AMOUNT ENCLOSED**

APRIL \$ _____
TAX RATE: 2%

FOR THE MONTH ENDING: APRIL

DUE ON OR BEFORE:..... MAY 14

IS THIS A COURTESY WITHHOLDING? YES NO

IS THIS A FINAL RETURN? YES NO

IF YES, EXPLAIN ON REVERSE SIDE

AUTHORIZED SIGNATURE _____

PRINT OR TYPE NAME _____

OFFICIAL TITLE _____

FEDERAL I.D. _____

TELEPHONE _____

MAKE CHECKS PAYABLE TO AND MAIL TO:

**CITY OF SPRINGFIELD
PO BOX 5200
SPRINGFIELD OH 45501-5200**

CITY OF SPRINGFIELD OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

YEAR **PERIOD** **AMOUNT ENCLOSED**

 MAY \$ _____
 TAX RATE: 2%

FOR THE MONTH ENDING: MAY

DUE ON OR BEFORE:..... JUNE 13

IS THIS A COURTESY WITHHOLDING? YES NO

IS THIS A FINAL RETURN? YES NO

IF YES, EXPLAIN ON REVERSE SIDE

AUTHORIZED SIGNATURE _____

PRINT OR TYPE NAME _____

OFFICIAL TITLE _____

FEDERAL I.D. _____

TELEPHONE _____

MAKE CHECKS PAYABLE TO AND MAIL TO:

**CITY OF SPRINGFIELD
PO BOX 5200
SPRINGFIELD OH 45501-5200**

INSTRUCTIONS FOR FORM MW-3

CITY OF SPRINGFIELD –WITHHOLDING TAX RECONCILIATION

Income Tax Division, P.O. Box 5200, Springfield, OH 45501-5200 • (937) 324-7701

Copies of W-2's of all employees subject to City of Springfield Income tax must accompany this form. W-2's must be in alphabetical order or sorted by social security number.

Employers with more than 250 employees may submit W-2 information on a diskette using the Social Security Administrators MMRED-1 filing requirements. Please contact our office for more detailed instructions.

If non-employee compensation was paid for work performed in Springfield, copies of 1099-MISC must also be submitted.

FILING DEADLINE FEBRUARY 28 (MARCH 31 ELECTRONIC FILING)

If you terminate all your employees before December 31, this reconciliation must be filed within thirty days after the last payment of wages.

CITY OF SPRINGFIELD OHIO, WITHHOLDING TAX RECONCILIATION

We withhold taxes as a courtesy. We have no employees working in the City of Springfield.

1. Total number of employees _____
2. Total payroll for the year _____
3. Less payroll not subject to tax _____
(Must include explanation on the reverse)
4. Payroll subject to tax _____
5. Withholding liability at 2% of line 4..... _____
7. Overpayment credited to next year* _____

*Refund not issued unless requested. Attach explanation.

No taxes or credits of less than \$1.00 shall be collected or refunded.

Final Return, explain on reverse

Springfield Income Tax Withheld for Tax Year _____

Month ending January 31.. _____	Month ending July 31 _____
Month ending February 28 _____	Month ending August 31 _____
Month ending March 31 ... _____	Month ending September 30 _____
Month ending April 30 _____	Month ending October 31 _____
Month ending May 31..... _____	Month ending November 30 _____
Month ending June 30..... _____	Month ending December 31 _____

6. Total remitted for the year _____
(Must equal line 5. If note, include explanation on the reverse)

OR 8. Additional tax due _____

Enclose payment with return and mail to:

CITY OF SPRINGFIELD, PO Box 5200, Springfield, OH 45501

Federal I.D. _____

Submitted by (Type or Print) _____

Official Title _____

Signature _____

Date _____

Telephone _____

ORIGINAL MUST BE RETURNED WITH W-2'S AND 1099'S
BY FEBRAURY 28 OR MARCH 31 FOR ELECTRONIC FILERS.

FORM MW-3

WORKSHEET FOR YOUR RECORDS

Month	Due Date	Check Number	Date	Amount	Month	Due Date	Check Number	Date	Amount
1/31	2/14	_____	_____	_____	7/31	8/14	_____	_____	_____
2/28	3/14	_____	_____	_____	8/31	9/15	_____	_____	_____
3/31	4/14	_____	_____	_____	9/30	10/14	_____	_____	_____
4/30	5/14	_____	_____	_____	10/31	11/14	_____	_____	_____
5/31	6/13	_____	_____	_____	11/30	12/12	_____	_____	_____
6/30	7/15	_____	_____	_____	12/31	1/15	_____	_____	_____