

MONTHLY EMPLOYER MUNICIPAL WITHHOLDING BOOKLET



CITY OF SPRINGFIELD
INCOME TAX DIVISION
76 E HIGH STREET
SPRINGFIELD, OH 45502
(937) 324-7357 or
(937) 328-3402

**IMPORTANT TAX INFORMATION
THIS BOOK CONTAINS:**

INSTRUCTIONS AND WITHHOLDING VOUCHERS

INSTRUCTIONS AND ANNUAL WITHHOLDING
TAX RECONCILIATION FORM

INSTRUCTIONS FOR FORM MW-1

CITY OF SPRINGFIELD – EMPLOYER’S RETURN OF TAX WITHHELD Income Tax Division, PO Box 5200, Springfield, OH 45501-5200 • (937) 324-7357

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 Sec. 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:
https://www.municonnect.com/springfielddoh/login_biz.aspx

Withholding taxes must be received by the City of Springfield Income Tax Division 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% per month on all unpaid taxes.

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

YEAR _____ **PERIOD** _____ **AMOUNT ENCLOSED**
Tax Rate 2%

_____ **JANUARY** \$ _____

DUE ON OR BEFORE FEBRUARY 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 _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

MAKE CHECK PAYABLE TO AND MAIL TO:

CITY OF SPRINGFIELD

P O BOX 5200

SPRINGFIELD, OH 45501-5200

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

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

YEAR _____ **PERIOD** **FEBRUARY** **AMOUNT ENCLOSED**
Tax Rate 2% \$ _____

DUE ON OR BEFORE MARCH 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 _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

MAKE CHECK PAYABLE TO AND MAIL TO:

CITY OF SPRINGFIELD
P O BOX 5200
SPRINGFIELD, OH 45501-5200

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

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

YEAR _____ **PERIOD** _____ **AMOUNT ENCLOSED**
Tax Rate 2%

_____ **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 _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

MAKE CHECK PAYABLE TO AND MAIL TO:

CITY OF SPRINGFIELD

P O BOX 5200

SPRINGFIELD, OH 45501-5200

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

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

YEAR _____ **PERIOD** _____ **AMOUNT ENCLOSED**
Tax Rate 2%

_____ **AUGUST** \$ _____

DUE ON OR BEFORE SEPTEMBER 14

IS THIS A COURTESY WITHHOLDING? .. • YES • NO

IS THIS A FINAL RETURN? • YES • NO

IF YES, EXPLAIN ON REVERSE SIDE.

MAKE CHECK PAYABLE TO AND MAIL TO:

**CITY OF SPRINGFIELD
P O BOX 5200
SPRINGFIELD, OH 45501-5200**

AUTHORIZED SIGNATURE _____

PRINT OR TYPE NAME _____

OFFICIAL TITLE _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

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

YEAR _____ **PERIOD** **SEPTEMBER** **AMOUNT ENCLOSED**
Tax Rate 2% \$ _____

DUE ON OR BEFORE OCTOBER 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 _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

MAKE CHECK PAYABLE TO AND MAIL TO:

CITY OF SPRINGFIELD

P O BOX 5200

SPRINGFIELD, OH 45501-5200

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

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

YEAR **PERIOD** **AMOUNT ENCLOSED**
Tax Rate 2%

_____ **OCTOBER** \$ _____

DUE ON OR BEFORE NOVEMBER 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 _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

MAKE CHECK PAYABLE TO AND MAIL TO:

CITY OF SPRINGFIELD

P O BOX 5200

SPRINGFIELD, OH 45501-5200

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

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

YEAR _____ **PERIOD** _____ **AMOUNT ENCLOSED**
Tax Rate 2%

_____ **NOVEMBER** \$ _____

DUE ON OR BEFORE DECEMBER 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 _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

MAKE CHECK PAYABLE TO AND MAIL TO:

CITY OF SPRINGFIELD

P O BOX 5200

SPRINGFIELD, OH 45501-5200

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

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

YEAR _____ **PERIOD** _____ **AMOUNT ENCLOSED**
Tax Rate 2%

_____ **DECEMBER** \$ _____

DUE ON OR BEFORE JANUARY 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 _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

FEDERAL I.D. _____

MAKE CHECK PAYABLE TO AND MAIL TO:

CITY OF SPRINGFIELD

P O BOX 5200

SPRINGFIELD, OH 45501-5200

COMPANY NAME _____

ADDRESS _____

CITY, ST, ZIP _____

INSTRUCTIONS FOR WITHHOLDING TAX RECONCILIATION (W-3)

CITY OF SPRINGFIELD – WITHHOLDING TAX RECONCILIATION

Income Tax Division, PO Box 5200, Springfield, OH 45501-5200 • (937) 324-7357

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 CD 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 FOR ELECTRONIC FILING)**

If you terminate all your employees before December 31, this reconciliation must be filed within thirty (30) days after the last payment of wages.

CITY OF SPRINGFIELD OHIO, EMPLOYER'S RETURN OF TAX WITHHELD (W-3)

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

• Final return. Explain on reverse side.

- 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.
- 8. OR, Additional tax due _____
No taxes or credits of less than \$1.00 will be collected or refunded.
Original must be returned with W-2's and 1099's by February 28 –or–
if electronically filed, return by March 31.

Springfield Income Tax Withheld for **TAX YEAR** _____

Month ending 1/31.....	_____	Month ending 7-31	_____
Month ending 2/28.....	_____	Month ending 8/31	_____
Month ending 3/31.....	_____	Month ending 9/30	_____
Month ending 4/30.....	_____	Month ending 10/31	_____
Month ending 5/31.....	_____	Month ending 11/31	_____
Month ending 6/30.....	_____	Month ending 12/31	_____

6. Total remitted for the year _____
(Must equal line 5. If not, include explanation on reverse.)

Company Name _____
Authorized Signature _____
Print or type name _____
Official Title _____
Federal I.D. _____
Phone Number _____ Date _____

ENCLOSE PAYMENT WITH RETURN AND MAIL TO:

City of Springfield
P O Box 5200
Springfield, OH 45501-5200

WORKSHEET FOR YOUR RECORDS

MONTH ENDING	DUE DATE	CHECK NUMBER	DATE PAID	AMOUNT PAID		MONTH ENDING	DUE DATE	CHECK NUMBER	DATE PAID	AMOUNT PAID
1/31	2/14					7/31	8/15			
2/28	3/14					8/31	9/15			
3/31	4/14					9/30	10/15			
4/30	5/14					10/31	11/15			
5/31	6/14					11/30	12/15			
6/30	7/15					12/31	1/15			