

**QUARTERLY 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 QW-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](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.

## **INSTRUCTIONS FOR FORM QW-1**

### **CITY OF SPRINGFIELD – EMPLOYER’S RETURN OF TAX WITHHELD 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**

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

\_\_\_\_\_ **1ST QUARTER** \$ \_\_\_\_\_

DUE ON OR BEFORE ..... APRIL 30

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%

\_\_\_\_\_ **2ND QUARTER** \$ \_\_\_\_\_

DUE ON OR BEFORE ..... JULY 31

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%

\_\_\_\_\_ **3RD QUARTER** \$ \_\_\_\_\_

DUE ON OR BEFORE ..... OCTOBER 31

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%

\_\_\_\_\_ **4TH QUARTER** \$ \_\_\_\_\_

DUE ON OR BEFORE ..... JANUARY 31

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

- We withheld taxes as a courtesy. We have no employees working in the City of Springfield.
  - Final return. Explain on reverse side.
- |  |  |
|--|--|
| <p>1. Total number of employees ..... _____</p> <p>2. Total payroll for the year ..... _____</p> <p>3. Less payroll not subject to tax ..... _____<br/>         (Must include explanation on the reverse)</p> <p>4. Payroll subject to tax ..... _____</p> <p>5. Withholding liability at 2% of line 4 ..... _____</p> <p>7. Overpayment credited to next year * ..... _____<br/>         * Refund not issued unless requested. Attach explanation.</p> <p>8. OR, Additional tax due ..... _____</p> | <p>Springfield Income Tax Withheld for <b>TAX YEAR</b> ..... _____</p> <p>1<sup>st</sup> QTR ending April 30 ..... _____</p> <p>2<sup>nd</sup> QTR ending July 31 ..... _____</p> <p>3<sup>rd</sup> QTR ending October 31 ..... _____</p> <p>4<sup>th</sup> QTR ending January 31 ..... _____</p> <p>6. Total remitted for the year ..... _____<br/> <b>(Must equal line 5. If not, include explanation on reverse.)</b></p> |
|--|--|

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.

**ENCLOSE PAYMENT WITH RETURN AND MAIL TO:**

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

Company Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print or type name \_\_\_\_\_

Official Title \_\_\_\_\_

Federal I.D. \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**WORKSHEET FOR YOUR RECORDS**

QUARTER	MONTH ENDING	DUE DATE	CHECK NUMBER	DATE	AMOUNT PAID
1 <sup>ST</sup>	March 31	April 30			
2 <sup>ND</sup>	June 30	July 31			
3 <sup>RD</sup>	September 30	October 31			
4 <sup>TH</sup>	December 31	January 31			