



**CITY OF SPRINGFIELD  
INCOME TAX DIVISION  
76 E. HIGH STREET  
SPRINGFIELD OH 45502  
(937) 324-7357**

**FORMS W-1**

**FORM W-3**

**EMPLOYER CITY TAX WITHHOLDING BOOKLET**

## NOTE TO EMPLOYERS

This booklet contains forms for the filing of your withholding payments. Included are coupons for each monthly and quarterly period (Forms W-1) and a year-end reconciliation (Form W-3). In the back of the booklet is a summary sheet for you to keep track of your payments. If you have any questions, you may contact our office at (937) 324-7357. Additional forms and information are available on the City of Springfield website at [www.ci.springfield.oh.us](http://www.ci.springfield.oh.us). You may also file and pay electronically using 3 different options:

- 1) Tax Connect on the city website
- 2) Ohio Business Gateway
- 3) ACH Credit – using your own template and software.

## GENERAL INFORMATION

Each employer located within or doing business within the City of Springfield who employs one or more persons, is required to withhold the City of Springfield income tax at the rate of 2.0% from all compensation allocated or set aside for, or paid to, the employee(s). The City of Springfield income tax must be remitted to the Income Tax Division on a monthly basis unless withholding amounts are less than One thousand dollars (\$1,000.00) per quarter. Each employer is required to file the Employer's Return of City Tax Withheld (Form W-1) along with the monthly or quarterly withholding payments on or before the due dates as shown below. The failure of any employer to receive or procure Form W-1 shall not excuse him/her from making this return or from remitting the tax withheld. File Form W-1 and remit the tax to the City of Springfield, Income Tax Division, P.O. Box 5200, Springfield, OH 45501-5200.

**MONTHLY:** Monthly withholding payments are due within 10 banking days following the withholding period.

**QUARTERLY:** Quarterly withholding payments are due on or before the last day of the month following each calendar quarter (i.e., April 30, July 31, October, January 31). Withholding payments must be less than one thousand dollars (\$1,000.00) per quarter to be eligible for quarterly filing.

## FORM W-1 FILING INSTRUCTIONS

- LINE 1** Enter the total compensation allocated, or set aside, or paid to, all taxable employees during the filing period. If no compensation was allocated, set aside, or paid during this period, record a zero (0) on lines 1-7 and return Form W-1 to the City of Springfield, Income Tax Division.
- LINE 2** Compute tax due. (2.0% times payroll.)
- LINE 3** Enter any adjustments to the tax withheld on line 2; e.g., additional tax withheld at employee request, other city payments, etc. All adjustments must be explained on the back of the form.
- LINE 4** Amount of tax due must be paid with this return.
- LINES 5 & 6** Penalty and Interest on late payments will be calculated by the City of Springfield, Income Tax Division.
- LINE 7** Tax due plus penalty and interest, if applicable.
- The Name, Address, Federal Identification Number and Responsible Officer's information must be provided for the return to be complete.

## PENALTY AND INTEREST

Payment and Form W-1 not received on or before the due date shall be considered delinquent and shall be subject to penalty and interest charges as provided for in the City of Springfield Tax Ordinance. Contact the City of Springfield, Income Tax Division, (937) 324-7357 for the applicable charges.

# FORM W-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING	DUE ON OR BEFORE	ACCOUNT NO.
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- 1. COMPENSATION SUBJECT TO CITY OF SPRINGFIELD TAX ..... \$ \_\_\_\_\_
- 2. TAX DUE (2.0%) ..... \_\_\_\_\_
- 3. ADJUSTMENTS (Explain fully on back of form) ..... \_\_\_\_\_
- 4. BALANCE DUE ..... \_\_\_\_\_
- 5. PENALTY (To be calculated by Income Tax Division) ..... \_\_\_\_\_
- 6. INTEREST (To be calculated by Income Tax Division) ..... \_\_\_\_\_
- 7. TOTAL (Make checks payable to the City of Springfield)..... \$ \_\_\_\_\_

**NAME AND ADDRESS:**

**IS THIS A COURTESY WITHHOLDING?**  YES  NO  
 Notify the City of Springfield, Income Tax Division, promptly of any change in ownership or name and address shown above.



**CITY OF SPRINGFIELD  
 INCOME TAX DIVISION**  
 P.O. BOX 5200  
 SPRINGFIELD OH 45501-5200  
 (937) 324-7357  
 www.ci.springfield.oh.us

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

I hereby certify that the information and statements contained herein are true and correct to best of my knowledge.

Signed By: \_\_\_\_\_  
(Responsible Officer)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

OFFICE USE ONLY	P/M Date: _____
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If line 3, ADJUSTMENTS, was completed on front of form, provide explanation here: \_\_\_\_\_

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If this is an AMENDED RETURN, provide explanation here: \_\_\_\_\_

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If this is a FINAL RETURN, provide additional information:

OUT OF BUSINESS  \_\_\_\_\_ Effective Date      MERGED  \_\_\_\_\_ Effective Date      OTHER  \_\_\_\_\_ Provide Explanation

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NEW OWNER'S NAME AND ADDRESS

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NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

If out of business, you are still required to reconcile tax withholdings by February 28 of the following year.

# ANNUAL RECONCILIATION (FORM W-3)

## GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation on the City of Springfield Form W-3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2 forms must furnish the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to the City of Springfield tax. The listing must contain the same information as required on the W-2 form. An adding machine tape listing the amounts of the City of Springfield income tax withheld, as indicated by the individual employee W-2 statements, should be included with the W-3.

## SPECIFIC FILING INFORMATION

The Form W-3 must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. Lines 1-9 must also be completed. The amount paid and the amount withheld should be equal. If line 9 indicates a balance due of \$1.00 or more, submit the payment along with Form W-3 on or before February 28. If line 9 indicates an over payment of \$1.00 or more, either request a refund or use a credit on your next withholding voucher. The completed Form W-3 and all attachments must be submitted to the City of Springfield, Income Tax Division, P.O. Box 5200, Springfield, Ohio 45501-5200 on or before February 28.

Contact the City of Springfield, Income Tax Division at (937) 324-7357 for assistance.

**CITY OF SPRINGFIELD WITHHOLDING TAX RECONCILIATION FOR TAX YEAR \_\_\_\_\_**  
**SUBMIT BY FEBRUARY 28. W-2s MUST BE ATTACHED**

Acct #: \_\_\_\_\_

- 1) TOTAL NUMBER OF W-2S ATTACHED ..... \_\_\_\_\_
- 2) TOTAL PAYROLL FOR YEAR: ..... \$ \_\_\_\_\_
- 3) LESS PAYROLL NOT SUBJECT TO TAX: ..... \$ \_\_\_\_\_
- 4) PAYROLL SUBJECT TO TAX: ..... \$ \_\_\_\_\_
- 5) WITHHOLDING TAX LIABILITY @ 2.0% OF LINE 4: ..... \$ \_\_\_\_\_
- 6) TAX WITHHELD ..... \$ \_\_\_\_\_
- 7) MANDATORY: Enter larger of line 5 or line 6 ..... \$ \_\_\_\_\_  
 COURTESY: Enter line 6
- 8) TOTAL PAID: ..... \$ \_\_\_\_\_
- 9) DIFFERENCE (line 7 minus line 8): ..... \$ \_\_\_\_\_  
 IF OVERPAYMENT: REFUND \_\_\_\_\_ CREDIT TO NEXT YEAR \_\_\_\_\_

**NAME AND ADDRESS:**

JANUARY \$	APRIL \$	JULY \$	OCTOBER \$
FEBRUARY \$	MAY \$	AUGUST \$	NOVEMBER \$
MARCH \$	JUNE \$	SEPTEMBER \$	DECEMBER \$
<b>1ST QUARTER</b> \$	<b>2ND QUARTER</b> \$	<b>3RD QUARTER</b> \$	<b>4TH QUARTER</b> \$

Total Paid For Year:..... \$ \_\_\_\_\_

I hereby certify that the information and statements contained herein are true and correct.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address: \_\_\_\_\_

**MAIL TO: CITY OF SPRINGFIELD  
 INCOME TAX DIVISION  
 P.O. BOX 5200  
 SPRINGFIELD OH 45501-5200**

Fed ID No. \_\_\_\_\_ P/M Date: \_\_\_\_\_

# WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

<b>Period Ending</b>	<b>Due Date</b>	<b>Amount</b>	<b>Date</b>	<b>Check Number</b>	<b>Period Ending</b>	<b>Due Date</b>	<b>Amount</b>	<b>Date</b>	<b>Check Number</b>
1/31	2/14	_____	_____	_____	7/31	8/14	_____	_____	_____
2/29	3/14	_____	_____	_____	8/31	9/17	_____	_____	_____
3/31	4/13	_____	_____	_____	9/30	10/15	_____	_____	_____
1st Qtr.	4/30	_____	_____	_____	3rd Qtr.	10/31	_____	_____	_____
4/30	5/14	_____	_____	_____	10/31	11/14	_____	_____	_____
5/31	6/14	_____	_____	_____	11/30	12/14	_____	_____	_____
6/30	7/16	_____	_____	_____	12/31	1/15	_____	_____	_____
2nd Qtr.	7/31	_____	_____	_____	4th Qtr.	1/31	_____	_____	_____