

CITY OF TIPP CITY, OHIO EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD (FORM TW-1)

FINAL COURTESY AMENDED

Return Form With Payment

		DO NOT ROUND	
1. Taxable earnings paid all employees subject to City of Tipp City, Ohio 1.5% income tax	1.		
2. Actual tax withheld in quarter for city income tax	2.		
3. Adjustment of tax for prior month (see instructions)	3.		
4. Penalty and interest (see instructions)	4.		
5. Late filing fee (see instructions)	5.		
6. Total (Lines 2-5)	6.		

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

(Signed) _____

(Official title) _____

Date

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
JANUARY 31, 2016

Due on or before
FEBRUARY 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
CITY OF TIPP CITY
260 S GARBER DR
TIPP CITY OH 45371-3116

Phone 937-667-8426; Fax 937-667-6734
www.tippcityohio.gov

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(Signed) _____

(Official title) _____

Date

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
FEBRUARY 28, 2016

Due on or before
MARCH 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
CITY OF TIPP CITY
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(Signed) _____

(Official title) _____

Date

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
MARCH 31, 2016

Due on or before
APRIL 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
CITY OF TIPP CITY
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(Signed) _____
(Official title) _____
Date _____

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
APRIL 30, 2016

Due on or before
MAY 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
CITY OF TIPP CITY
260 S GARBER DR
TIPP CITY OH 45371-3116

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(Signed) _____
(Official title) _____
Date _____

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
MAY 31, 2016

Due on or before
JUNE 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
CITY OF TIPP CITY
260 S GARBER DR
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(Signed) _____
(Official title) _____
Date _____

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
JUNE 30, 2016

Due on or before
JULY 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
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(Signed) _____

(Official title) _____

Date

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
JULY 31, 2016

Due on or before
AUGUST 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
CITY OF TIPP CITY
260 S GARBER DR
TIPP CITY OH 45371-3116

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(Signed) _____

(Official title) _____

Date

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
AUGUST 31, 2016

Due on or before
SEPTEMBER 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
CITY OF TIPP CITY
260 S GARBER DR
TIPP CITY OH 45371-3116

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(Signed) _____

(Official title) _____

Date

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
SEPTEMBER 30, 2016

Due on or before
OCTOBER 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
CITY OF TIPP CITY
260 S GARBER DR
TIPP CITY OH 45371-3116

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(Signed) _____
(Official title) _____
Date _____

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
OCTOBER 31, 2016

Due on or before
NOVEMBER 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
CITY OF TIPP CITY
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(Signed) _____
(Official title) _____
Date _____

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
NOVEMBER 30, 2016

Due on or before
DECEMBER 15, 2016

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
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(Signed) _____
(Official title) _____
Date _____

Federal ID no. _____

Account # _____

NAME AND ADDRESS:

MONTHLY

For month ending
DECEMBER 31, 2016

Due on or before
JANUARY 15, 2017

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF TIPP CITY

MAIL TO:
DEPARTMENT OF TAXATION
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260 S GARBER DR
TIPP CITY OH 45371-3116

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www.tippcityohio.gov

ANNUAL RECONCILIATION FORM TW-3

SUBMIT BY FEBRUARY 28. W-2 FORMS OR LIST MUST BE ATTACHED

MAIL TO: CITY OF TIPP CITY
DEPARTMENT OF TAXATION
260 S GARBER DR.
TIPP CITY OH 45371-3116
PHONE: 937-667-8426

FOR TAX YEAR 2016

FINAL COURTESY AMENDED

Account # _____

NAME AND ADDRESS:

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1 ST QUARTER	3 RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2 ND QUARTER	4 TH QUARTER

SUMMARY MUST BE COMPLETED	
1. NUMBER OF EMPLOYEES	_____
2. WAGES SUBJECT TO TIPP CITY TAX	\$ _____
3. TIPP CITY TAX WITHHELD	\$ _____
4. TIPP CITY TAX REMITTED	\$ _____
5. BALANCE DUE OR REFUND	\$ _____

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

Signed _____ Title _____

Fed. ID No. _____ Date _____

Phone # _____

GENERAL INFORMATION

NEW WITHHOLDING REQUIREMENTS PER HB5 – PLEASE READ CAREFULLY

1. Each employer within or doing business within the City of Tipp City, Ohio is required to withhold the Tipp City income tax according to the provisions found in the Tipp City income tax codes at the rate of 1.5 per cent from all qualifying wages paid to employees at the time the qualifying wages are paid, and remit the amount withheld to the Tipp City Tax Department, 260 S. Garber Dr., Tipp City, Ohio 45371-3116. The Tipp City income tax codes can be viewed by visiting our website at www.tippcityohio.gov.
2. Monthly withholding returns are required if the amount to be withheld is expected to be more than two thousand three hundred ninety-nine dollars annually, or if the total amount of taxes deducted and withheld in any month of the preceding calendar quarter exceeded two hundred dollars.
3. Quarterly withholding returns and payments are permitted when the amount to be withheld is expected to be less than two thousand three hundred ninety-nine dollars annually.
4. Monthly and quarterly withholding returns are due on or before the 15th day of the month following the period in which the taxes were withheld. In the event a due date falls on a weekend or on a legal holiday, the due date is extended until midnight of the next business day.
5. Withholding returns that are received after the filing deadline will be subject to the following penalties:
 - A. A penalty equal to fifty percent of the amount not timely paid.
 - B. Interest shall be imposed at the current rate (found on the city's website) on all unpaid withholding tax. Imposition of interest shall be assessed per month, or fraction of a month.
 - C. A monthly penalty of twenty-five dollars for each failure to timely file each return, regardless of the liability shown thereon for each month, or any fraction thereof, during which the return remains unfiled regardless of the liability shown thereon. The penalty shall not exceed a total of one hundred fifty dollars in assessed penalty for each failure to timely file a return.

INFORMATION FOR PREPARING & FILING FORM TW-3 (Reconciliation of Return of Income Tax Withheld)

On or before the last day of February of each year, each employer must file a withholding reconciliation using the City of Tipp City form TW-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, qualifying wages, city tax withheld, name of city for which the 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 Tipp City tax. The listing shall require the same type of information as is required on the W-2 form.

Form TW-3 must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. Numbers 1, 2, 3, 4 and 5 must be completed. The total tax paid (line 4) should be equal to 1.5% of the wages on line 2. The completed form TW-3 and all attachments must be submitted to the Department of Taxation, City of Tipp City, 260 S. Garber Dr., Tipp City OH 45371-3116 on or before the last day of February of each year. Any questions regarding form TW-3 should be referred to the Tipp City Department of Taxation at 937-667-8426.

Any individual, association, or business entity that is required under the Internal Revenue Code to issue form 1099 to any person shall on or before the last day of February of each year, file copies of said 1099 forms to the Tipp City Income Tax Department. If 1099 copies are not available, a listing with the same information as contained on form 1099 can be submitted.