



CITY OF NEW PHILADELPHIA  
DEPARTMENT OF TAXATION  
150 EAST HIGH AVENUE, SUITE 041  
NEW PHILADELPHIA, OHIO 44663

## IMPORTANT

This packet contains withholding tax forms you are required to file.

The Rate for 2015 is 1.5%

## 2015 EMPLOYER'S QUARTERLY RETURNS OF TAX WITHHELD

PLEASE DO NOT DESTROY – IMPORTANT TAX FORMS

RECORDS MUST BE MAINTAINED TO SUPPORT AMOUNTS ON COUPONS; SEE WORKSHEET ON INSIDE BACK COVER

## INSTRUCTIONS FOR PREPARING AND FILING FORM WH

### WHO MUST FILE:

Any employer within or doing business within the City of New Philadelphia, Ohio who employs one or more persons is required to withhold the tax of (1.50%) from all compensation paid, accrued or set apart to the employee, and to file Form WH and remit tax to the New Philadelphia Income Tax Department.

### DEPOSIT REQUIREMENTS:

**Quarterly** – Remittance is due by the last day of the month following the end of a quarterly period.

### FAILURE TO FILE RETURN AND PAY TAX:

All taxes, including taxes withheld or required to be withheld from wages by an employer, and remaining unpaid after they become due shall bear interest on the amount of the unpaid tax at the rate of one percent (1%) per month (or fractional part thereof) and a late payment penalty of three percent (3%) per month (or fractional part thereof) to a maximum of 100% of the tax due. The failure to receive a withholding deposit form shall not excuse an employer from making a return and depositing the taxes withheld.

### HOW TO PREPARE THIS FORM:

**Line 1** – Enter qualifying wages as defined in O.R.C. 718.03, paid to all employees subject to New Philadelphia City tax during the period for which the return is made.

**Line 2** – Enter actual tax withheld or required to be withheld during the period for which the return is made and indicate percentage rate used.

**Line 3** – Adjust current payment of actual tax withheld for under payment or over payment in previous period. Attach explanation if necessary.

**Line 4 & 5** – See instructions under **Failure to File Return and Pay Tax**.

**Line 6** – Enter total amount to be remitted.

NOTE: FOR COMPLETE DETAILS OF EMPLOYER REQUIREMENTS YOU MAY REQUEST A COPY OF THE TAX ORDINANCE FOR THE CITY OF NEW PHILADELPHIA.

If you have questions, call the Income Tax Department at 330-364-4491, ext 508

**CITY OF NEW PHILADELPHIA, OHIO • FORM W-1  
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Check  MO  Cash

If no wages paid this quarter mark "None" and return this form.

		DO NOT ROUND
1.	Total Salaries, Wages, Commissions and other Compensation (New Philadelphia).....	\$
2.	New Philadelphia Tax Withheld at 1.5%.....	\$
3.	Adjustments of Tax for Prior Period.....	
4.	Penalty (3% per month) .....	
5.	Interest (1% per month) .....	
6.	Total (Include Interest and Penalty if Due) .....	\$

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

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner, Partner, Member, President, Treasurer, Agent

Phone No. \_\_\_\_\_ Ext. No. \_\_\_\_\_

THIS RETURN MUST BE FILED & PAID ON OR BEFORE THE DUE DATE AS SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO **NEW PHILADELPHIA – INCOME TAX**

MAIL TO:  
INCOME TAX DEPT.  
150 EAST HIGH AVENUE, SUITE 041  
NEW PHILADELPHIA, OHIO 44663

**AVOID PENALTY: FILE AND PAY PROMPTLY.**

**F.I.D.#**

**NAME AND ADDRESS**

FOR MONTHS OF  
**JAN, FEB, MAR**

DUE ON OR BEFORE  
**APRIL 30, 2015**

Notify Income Tax Department promptly of any change in name or address as shown above.

1

**CITY OF NEW PHILADELPHIA, OHIO • FORM W-1  
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Check  MO  Cash

If no wages paid this quarter mark "None" and return this form.

		DO NOT ROUND
1.	Total Salaries, Wages, Commissions and other Compensation (New Philadelphia).....	\$
2.	New Philadelphia Tax Withheld at 1.5%.....	\$
3.	Adjustments of Tax for Prior Period.....	
4.	Penalty (3% per month) .....	
5.	Interest (1% per month) .....	
6.	Total (Include Interest and Penalty if Due) .....	\$

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

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner, Partner, Member, President, Treasurer, Agent

Phone No. \_\_\_\_\_ Ext. No. \_\_\_\_\_

THIS RETURN MUST BE FILED & PAID ON OR BEFORE THE DUE DATE AS SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO **NEW PHILADELPHIA – INCOME TAX**

MAIL TO:  
INCOME TAX DEPT.  
150 EAST HIGH AVENUE, SUITE 041  
NEW PHILADELPHIA, OHIO 44663

**AVOID PENALTY: FILE AND PAY PROMPTLY.**

**F.I.D.#**

**NAME AND ADDRESS**

FOR MONTHS OF  
**APR, MAY, JUNE**

DUE ON OR BEFORE  
**JULY 31, 2015**

Notify Income Tax Department promptly of any change in name or address as shown above.

2

**CITY OF NEW PHILADELPHIA, OHIO • FORM W-1  
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Check  MO  Cash

If no wages paid this quarter mark "None" and return this form.

		DO NOT ROUND
1.	Total Salaries, Wages, Commissions and other Compensation (New Philadelphia)..... \$	
2.	New Philadelphia Tax Withheld at 1.5%..... \$	
3.	Adjustments of Tax for Prior Period.....	
4.	Penalty (3% per month) .....	
5.	Interest (1% per month) .....	
6.	Total (Include Interest and Penalty if Due) .....	\$

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

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner, Partner, Member, President, Treasurer, Agent

Phone No. \_\_\_\_\_ Ext. No. \_\_\_\_\_

THIS RETURN MUST BE FILED & PAID ON OR BEFORE THE DUE DATE AS SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO **NEW PHILADELPHIA – INCOME TAX**

MAIL TO:  
INCOME TAX DEPT.  
150 EAST HIGH AVENUE, SUITE 041  
NEW PHILADELPHIA, OHIO 44663

**AVOID PENALTY: FILE AND PAY PROMPTLY.**

F.I.D.#

NAME AND ADDRESS

FOR MONTHS OF  
**JULY, AUG, SEPT**

DUE ON OR BEFORE  
**OCTOBER 31, 2015**

Notify Income Tax Department promptly of any change in name or address as shown above.

**3**

**CITY OF NEW PHILADELPHIA, OHIO • FORM W-1  
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Check  MO  Cash

If no wages paid this quarter mark "None" and return this form.

		DO NOT ROUND
1.	Total Salaries, Wages, Commissions and other Compensation (New Philadelphia)..... \$	
2.	New Philadelphia Tax Withheld at 1.5%..... \$	
3.	Adjustments of Tax for Prior Period.....	
4.	Penalty (3% per month) .....	
5.	Interest (1% per month) .....	
6.	Total (Include Interest and Penalty if Due) .....	\$

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

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner, Partner, Member, President, Treasurer, Agent

Phone No. \_\_\_\_\_ Ext. No. \_\_\_\_\_

THIS RETURN MUST BE FILED & PAID ON OR BEFORE THE DUE DATE AS SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO **NEW PHILADELPHIA – INCOME TAX**

MAIL TO:  
INCOME TAX DEPT.  
150 EAST HIGH AVENUE, SUITE 041  
NEW PHILADELPHIA, OHIO 44663

**AVOID PENALTY: FILE AND PAY PROMPTLY.**

F.I.D.#

NAME AND ADDRESS

FOR MONTHS OF  
**OCT, NOV, DEC**

DUE ON OR BEFORE  
**JANUARY 31, 2016**

Notify Income Tax Department promptly of any change in name or address as shown above.

**4**

**CITY OF NEW PHILADELPHIA, OHIO  
EMPLOYER RECONCILIATION OF INCOME TAX FOR YEAR 2015**

150 East High Avenue, Suite 041  
New Philadelphia, Ohio 44663-2540

**DUE ON OR BEFORE JANUARY 31, 2016**

**NUMBER OF EMPLOYEES REPORTED** \_\_\_\_\_

**F.I.D.#**

**NAME AND ADDRESS**

**IMPORTANT**

**EMPLOYEE LISTING, ADDRESSES, AND/OR W-2 FORMS  
ARE REQUIRED WITH THIS RECONCILIATION.**

QUARTERS	NEW PHILADELPHIA SALARIES PAID	AMOUNT WITHHELD
1ST .....	\$ _____	\$ _____
2ND .....	\$ _____	\$ _____
3RD .....	\$ _____	\$ _____
4TH .....	\$ _____	\$ _____
<b>TOTAL</b> .....	\$ _____	\$ _____

EXPLAIN DIFFERENCE BETWEEN THE AMOUNT  
REPORTED AND AMOUNT PAID THE CITY.

**Phone No.**

**Ext. No.**

**WITHHOLDING TAX WORKSHEET**

(Keep for your records - Do not file)

Month Ending	Due Date	Check Number	Date	Amount
1/31	2/28	_____	_____	_____
2/28	3/31	_____	_____	_____
3/31	4/30	_____	_____	_____
or 1st qtr	4/30	_____	_____	_____
4/30	5/31	_____	_____	_____
5/31	6/30	_____	_____	_____
6/30	7/31	_____	_____	_____
or 2nd qtr	7/31	_____	_____	_____

**WITHHOLDING TAX WORKSHEET**

(Keep for your records - Do not file)

Month Ending	Due Date	Check Number	Date	Amount
7/31	8/31	_____	_____	_____
8/31	9/30	_____	_____	_____
9/30	10/31	_____	_____	_____
or 3rd qtr	10/31	_____	_____	_____
10/31	11/30	_____	_____	_____
11/30	12/31	_____	_____	_____
12/31	1/31	_____	_____	_____
or 4th qtr	1/31	_____	_____	_____