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 2016 is 1.5%

2016 EMPLOYER'S MONTHLY 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 W-1

WHO MUST FILE
Each employer located or doing business within the City of New Philadelphia, Ohio who employs one or more persons is required to withhold the tax of 1.5% from all compensation paid, accrued or set apart to employees, and to file Form W-1 and remit tax to the New Philadelphia Income Tax Department.

QUARTERLY DEPOSIT REQUIREMENTS
Remittance is due on or before the 15th day of each month following the calendar quarter ending March 31, June 30, September 30 and December 31. This quarterly filing requirement is applicable for withheld income tax in amounts less than $100.00 per month.

MONTHLY DEPOSIT REQUIREMENTS
Monthly deposits are required when the tax liability is $100.00 or more per month. Monthly deposits are due within fifteen (15) days after the close of the calendar month.

SEMI-MONTHLY REQUIREMENTS
Semi-monthly deposits are required if taxes withheld exceed $1000.00 per month. The returns and payments will be due within three business days after the 15th and the last day of the month.

DELINQUENT PAYMENTS AND RETURNS
Delinquent payments and returns shall be subject to penalty and interest at the rate of 50% penalty, and at .42% per month or fraction thereof, for interest. The failure of any employer to receive or procure a Form W-1 is not reasonable cause for failing to make payment or to file a return. A return is due for each reporting period as required, even if there is no liability for that period.

ANNUAL RECONCILIATION REQUIREMENT
An annual reconciliation form W-3 must be filed with copies of Federal form W-2 by February 28 following each calendar year. Any person, including corporations, partnerships, employers, estates and trusts who files 100 or more form W-2 for any calendar year must use magnetic media (CD-ROM) or such other process as determined acceptable to the tax administrator. All requirements apply separately to both original and corrected forms.

PAYMENTS CAN BE MADE ONLINE
The Income Tax Department accepts withholding payments online through the Payment Service Network. To establish an account, visit the city website at www.newphilaoh.com and click on the "Pay Tax Online" link. For more information, contact the Tax Administrator by calling 330-364-4491 ext 1230.

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.

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

Lines 4 & 5 – See the instructions for Delinquent Payments and Returns.

Line 6 – Enter total amount to be remitted.

NOTE: the complete City of New Philadelphia Income Tax Law is available online at www.newphilaoh.com.

If you have questions, call the Income Tax Department at 330-364-4491 extension 1231.

Print Clear Form

CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S MONTHLY 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. Late Penalty Payment Charge (50%)	$	
5. Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
JANUARY 31, 2016

DUE ON OR BEFORE
FEBRUARY 15, 2016

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

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AVOID PENALTY: FILE AND PAY PROMPTLY.

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 MONTHLY 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. Late Penalty Payment Charge (50%)	$	
5. Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
FEBRUARY 29, 2016

DUE ON OR BEFORE
MARCH 15, 2016

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

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2

CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S MONTHLY 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. Late Penalty Payment Charge (50%)	$	
5. Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
MARCH 31, 2016

DUE ON OR BEFORE
APRIL 15, 2016

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:
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150 EAST HIGH AVENUE, SUITE 041
NEW PHILADELPHIA, OHIO 44663

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3

CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S MONTHLY 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. Late Penalty Payment Charge (50%)	$	
5. Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
APRIL 30, 2016

DUE ON OR BEFORE
MAY 15, 2016

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. _____

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

MAIL TO:
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150 EAST HIGH AVENUE, SUITE 041
NEW PHILADELPHIA, OHIO 44663

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

Check MO Cash

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		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. Late Penalty Payment Charge (50%)	$	
5. Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
MAY 31, 2016

DUE ON OR BEFORE
JUNE 15, 2016

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

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5

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

Check MO Cash

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		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. Late Penalty Payment Charge (50%)	$	
5. Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
JUNE 30, 2016

DUE ON OR BEFORE
JULY 15, 2016

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

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6

CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S MONTHLY 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.	Late Penalty Payment Charge (50%)	$	
5.	Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
JULY 31, 2016

DUE ON OR BEFORE
AUGUST 15, 2016

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

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:
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150 EAST HIGH AVENUE, SUITE 041
NEW PHILADELPHIA, OHIO 44663

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CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S MONTHLY 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.	Late Penalty Payment Charge (50%)	$	
5.	Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
AUGUST 31, 2016

DUE ON OR BEFORE
SEPTEMBER 15, 2016

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

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

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CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S MONTHLY 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. Late Penalty Payment Charge (50%)	$	
5. Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
SEPTEMBER 30, 2016

DUE ON OR BEFORE
OCTOBER 15, 2016

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:
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NEW PHILADELPHIA, OHIO 44663

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CITY OF NEW PHILADELPHIA, OHIO • FORM W-1
EMPLOYER'S MONTHLY 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. Late Penalty Payment Charge (50%)	$	
5. Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
OCTOBER 31, 2016

DUE ON OR BEFORE
NOVEMBER 15, 2016

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

Check MO Cash

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		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. Late Penalty Payment Charge (50%)	$	
5. Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
NOVEMBER 30, 2016

DUE ON OR BEFORE
DECEMBER 15, 2016

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

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:
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NEW PHILADELPHIA, OHIO 44663

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AVOID PENALTY: FILE AND PAY PROMPTLY.

11

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

Check MO Cash

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		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. Late Penalty Payment Charge (50%)	$	
5. Late Interest Charge at .42% per month after the first month	$	

F.I.D.#

NAME AND ADDRESS

FOR PERIOD ENDING
DECEMBER 31, 2016

DUE ON OR BEFORE
JANUARY 15, 2017

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

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. _____

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AVOID PENALTY: FILE AND PAY PROMPTLY.

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CITY OF NEW PHILADELPHIA, OHIO
EMPLOYER RECONCILIATION OF INCOME TAX FOR YEAR 2016

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

DUE ON OR BEFORE FEBRUARY 28, 2017

NUMBER OF EMPLOYEES REPORTED _____

F.I.D.#

NAME AND ADDRESS

Phone No. **Ext. No.**

Email

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

IF YOU FILED MONTHLY OR SEMI-MONTHLY RETURNS, RECORD EACH MONTHS TOTAL PAYMENTS BELOW:

MONTH	NEW PHILADELPHIA SALARIES PAID	AMOUNT WITHHELD
JANUARY	$ _____	$ _____
FEBRUARY	$ _____	$ _____
MARCH	$ _____	$ _____
APRIL	$ _____	$ _____
MAY	$ _____	$ _____
JUNE	$ _____	$ _____
JULY	$ _____	$ _____
AUGUST	$ _____	$ _____
SEPTEMBER	$ _____	$ _____
OCTOBER	$ _____	$ _____
NOVEMBER	$ _____	$ _____
DECEMBER	$ _____	$ _____
TOTAL	$ _____	$ _____

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Due Date	Check Number	Date	Amount
1/31	2/15	_____	_____	_____
2/29	3/15	_____	_____	_____
3/31	4/15	_____	_____	_____
or 1st qtr	4/15	_____	_____	_____
4/30	5/15	_____	_____	_____
5/31	6/15	_____	_____	_____
6/30	7/15	_____	_____	_____
or 2nd qtr	7/15	_____	_____	_____

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Due Date	Check Number	Date	Amount
7/31	8/15	_____	_____	_____
8/31	9/15	_____	_____	_____
9/30	10/15	_____	_____	_____
or 3rd qtr	10/15	_____	_____	_____
10/31	11/15	_____	_____	_____
11/30	12/15	_____	_____	_____
12/31	1/15	_____	_____	_____
or 4th qtr	1/15	_____	_____	_____