



INCOME TAX DIVISION  
CITY OF MARYSVILLE  
209 S. MAIN ST., P.O. BOX 385  
MARYSVILLE, OHIO 43040  
PHONE: (937) 645-7350  
FAX: (937) 645-7351

**IMPORTANT TAX INFORMATION**

## **EMPLOYER MUNICIPAL MONTHLY WITHHOLDING BOOKLET**

**This Booklet Contains the 2017 Withholding Vouchers and the 2017 Annual Reconciliation**

# INSTRUCTIONS FOR PREPARING AND FILING WITHHOLDING RETURN (FORM WHM)

## WHO MUST FILE:

Each employer within the City of Marysville, Ohio who employs one or more persons is required to withhold the tax of one and one-half percent (1.5%) from all compensation at the time such compensation is paid, and to file Withholding Return (Form WHQ or Form WHM) and remit tax to the City of Marysville Income Tax Division.

New Occasional Entrant Rules including Small Employers under \$500,00 total revenue in the preceding tax year however can change yearly. Please see ORC 718 or Marysville Ordinance Chapter 142 for more details.

## DEPOSIT REQUIREMENTS:

**Due Date:** Due by the 15th of the following month

**Monthly** – If one of the following are met, according to state law mandate, you must remit withholdings on a monthly basis.

1. “Look Back” provision: previous year \$2,399 is withheld or
2. Any month in previous quarter \$200+ was withheld

**Quarterly** – All accounts that are not required to file monthly.

## 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 .5% per month. The taxpayers upon whom

said taxes are imposed, and the employers required by Ordinance to deduct, withhold and pay taxes imposed by the Ordinance, shall be liable in addition thereto, to a penalty of fifty percent (50%) of the amount of the unpaid tax.

In addition, any taxpayer who shall fail or refuse to make any return or declaration required by the Ordinance, or any taxpayer who shall refuse to permit the Income Tax Administrator to examine his books, or who shall knowingly make any incomplete, false or fraudulent return, or who shall attempt to avoid the payment of tax, shall be guilty of a misdemeanor and shall be fined not more than \$500. The failure of any taxpayer to receive a return or declaration form shall not excuse him from making a return or declaration or from paying the tax. Also Late Filing fee of \$25.00 per month maybe added up to \$150.00.

## HOW TO PREPARE THIS FORM:

**Line 1** – Enter total taxable compensation PAID to all employees during the period for which return is made. If no compensation was paid during the period, indicate zero and return form WHQ. A WHQ form is required regardless if there were no withholdings for the period.

**Line 2** – Enter total ACTUAL tax withheld from taxable employees during the period (month or quarter) for the CITY OF MARYSVILLE – INCOME TAX.

**Line 3** – Adjust current payment of actual tax withheld for underpayments from prior periods. For overpayments in previous periods, file an amended return for that earlier period.

**Line 6** – Enter total amount to be remitted. Pay this amount in full.

**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

AMENDED **RETURN WITH PAYMENT**

		DO NOT ROUND
1.	Taxable Earnings paid all Employees subject to City of Marysville, Ohio, 1.5% (.015) .....	1.
	Is this a courtesy withholding?..... <input type="checkbox"/> YES	
	Is this a final return? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, attach explanation	
2.	Actual Tax Withheld in month/quarter for City Income Tax.....	2.
3.	Adjustment of Tax for prior period(s). Explain in full on back of form .....	3.
4.	Penalty (50%) .....	4.
5.	Interest (.5% per month) .....	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 \_\_\_\_\_

Contact #/Email \_\_\_\_\_

Federal ID no. \_\_\_\_\_

THIS RETURN MUST BE FILED ON OR  
BEFORE THE DUE DATE SHOWN BELOW  
MAKE CHECK OR MONEY ORDER PAYABLE TO  
**CITY OF MARYSVILLE**

**MAIL TO:**

**INCOME TAX DIVISION  
CITY OF MARYSVILLE**

209 S. Main St., P.O. Box 385

Marysville, OH 43040

Telephone (937) 645-7350

Fax (937) 645-7351

**1**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JANUARY 31, 2017**

MUST BE POSTMARKED BY  
**FEBRUARY 15, 2017**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

**If receipt is desired, submit additional copy and  
enclose self-addressed, stamped envelope.**

**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

AMENDED **RETURN WITH PAYMENT**

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**2**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**FEBRUARY 28, 2017**

MUST BE POSTMARKED BY  
**MARCH 15, 2017**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

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**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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**3**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**MARCH 31, 2017**

MUST BE POSTMARKED BY  
**APRIL 15, 2017**

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FORM WHM**

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**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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4

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**APRIL 30, 2017**

MUST BE POSTMARKED BY  
**MAY 15, 2017**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

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**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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**5**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**MAY 31, 2017**

MUST BE POSTMARKED BY  
**JUNE 15, 2017**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

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**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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**6**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JUNE 30, 2017**

MUST BE POSTMARKED BY  
**JULY 15, 2017**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

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**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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7

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JULY 31, 2017**

MUST BE POSTMARKED BY  
**AUGUST 15, 2017**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

**If receipt is desired, submit additional copy and  
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**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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**8**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**AUGUST 31, 2017**

MUST BE POSTMARKED BY  
**SEPTEMBER 15, 2017**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

**If receipt is desired, submit additional copy and  
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**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

AMENDED    **RETURN WITH PAYMENT**

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

Contact #/Email \_\_\_\_\_

Federal ID no. \_\_\_\_\_

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**MAIL TO:**

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CITY OF MARYSVILLE**

209 S. Main St., P.O. Box 385

Marysville, OH 43040

Telephone (937) 645-7350

Fax (937) 645-7351

9

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**SEPTEMBER 30, 2017**

MUST BE POSTMARKED BY  
**OCTOBER 15, 2017**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

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**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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

Contact #/Email \_\_\_\_\_

Federal ID no. \_\_\_\_\_

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**CITY OF MARYSVILLE**

**MAIL TO:**

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209 S. Main St., P.O. Box 385

Marysville, OH 43040

Telephone (937) 645-7350

Fax (937) 645-7351

**10**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**OCTOBER 31, 2017**

MUST BE POSTMARKED BY  
**NOVEMBER 15, 2017**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

**If receipt is desired, submit additional copy and  
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**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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NAME AND ADDRESS

FOR THE PERIOD ENDING  
**NOVEMBER 30, 2017**

MUST BE POSTMARKED BY  
**DECEMBER 15, 2017**

**11**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

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**CITY OF MARYSVILLE OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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12

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**DECEMBER 31, 2017**

MUST BE POSTMARKED BY  
**JANUARY 15, 2018**

**Notify the Income Tax Division promptly of any change in ownership or name and address shown above.  
FORM WHM**

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## GENERAL INFORMATION

On or before the last day of February of each year, each employer must file a withholding reconciliation return on the City of Marysville Form W-3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must furnish the name, address, social security number, gross wages, medicare 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 Marysville tax. The listing shall require the same type of information as is required on the W-2 form.

Any individual(s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earning statement on or before the last day of February of each year. All 1099's or earnings statements shall require the same type of information as is required on the W-2 forms as stated above.

## SPECIFIC FILING INFORMATION

The front of the Form W-3 must show a breakdown of all withholding payments made quarterly or monthly in the boxes provided. Lines 1, 2, 3, 4 and 5 must be completed. The total tax paid should be equal to 1.5% of Line 1 and placed in Line 2. The completed W-3 form and all attachments must be submitted to the Income Tax Division, City of Marysville, 209 S. Main St., P.O. Box 385, Marysville, OH 43040 on or before the last day of February of each year. Any questions in completing the Form W-3 should be referred to the Income Tax Division at (937) 645-7350, option 4.

### **ELECTRONIC FILING**

In lieu of hard copies of all W-2 forms. All employers are strongly encouraged to file their W-2 forms electronically. Those employers with 100 or more employees should file electronically. Specific instructions and formats can be found at [www.marysvilleohio.org](http://www.marysvilleohio.org).

**CITY OF MARYSVILLE  
ANNUAL RECONCILIATION RETURN**

**SUBMIT BY FEBRUARY 28. W-2'S MUST BE ATTACHED**

**MAIL TO: INCOME TAX DIVISION    PHONE: (937) 645-7350  
CITY OF MARYSVILLE    FAX: (937) 645-7351  
209 S. Main St., P.O. Box 385  
Marysville, OH 43040**

**FOR TAX YEAR ENDING 2017**

**PAYMENT ENCLOSED**

**REFUND REQUESTED**

SEE INSTRUCTIONS

NAME: \_\_\_\_\_

FIN: \_\_\_\_\_

**FORM W3**

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

<b>ALL LINES MUST BE COMPLETED</b>
1. TOTAL MARYSVILLE W-2'S..... _____
2. MARYSVILLE WAGES SUBJECT TO WITHHOLDING TAX .. \$ _____
3. AMOUNT OF MARYSVILLE TAX WITHHELD ..... \$ _____
4. AMOUNT OF RESIDENCE TAX WITHHELD ..... \$ _____
5. TOTAL MARYSVILLE TAX PAID..... \$ _____

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

Signed \_\_\_\_\_ Title \_\_\_\_\_

Federal ID no. \_\_\_\_\_ Date \_\_\_\_\_

Phone no. \_\_\_\_\_

## MONTHLY WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Payment Date	Check Number	Date	Amount Paid
1/31	2/15	_____	_____	_____
2/28	3/15	_____	_____	_____
3/31	4/15	_____	_____	_____
4/30	5/15	_____	_____	_____
5/31	6/15	_____	_____	_____
6/30	7/15	_____	_____	_____

## MONTHLY WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Payment Date	Check Number	Date	Amount Paid
7/31	8/15	_____	_____	_____
8/31	9/15	_____	_____	_____
9/30	10/15	_____	_____	_____
10/31	11/15	_____	_____	_____
11/30	12/15	_____	_____	_____
12/31	1/15	_____	_____	_____