

EMPLOYERS QUARTERLY RETURN OF TAX WITHHELD
CITY OF SPRINGDALE
11700 SPRINGFIELD PIKE
SPRINGDALE, OH 45246
PHONE (513) 346-5715 FAX (513) 346-5756

EMPLOYER'S SPRINGDALE ACCOUNT NUMBER _____

EMPLOYER'S FEDERAL I.D. NUMBER _____

EMPLOYER'S PHONE NUMBER _____

EMPLOYER'S NAME AND ADDRESS _____

W-1 YOU MUST FILE THIS RETURN EVEN IF THERE IS NO TAX DUE

PLEASE INDICATE WHICH PERIOD THIS RETURN IS FOR:

- JAN-MAR 200____ (DUE APR 15)
 - APR-JUN 200____ (DUE JUL 15)
 - JULY-SEP 200____ (DUE OCT 15)
 - OCT-DEC 200____ (DUE JAN 15)
- OR
- MONTH OF _____

- 1. TAXABLE EARNINGS SUBJECT TO SPRINGDALE TAX \$ _____
 - 2. SPRINGDALE TAX (1.5% OF LINE 1) \$ _____
- OR
- 3. EARNINGS SUBJECT TO SPRINGDALE COURTESY TAX \$ _____
 - 4. SPRINGDALE COURTESY TAX (RATE____%OF LINE 3) \$ _____
 - 5. ADJUSTMENTS \$ _____
 - 6. TOTAL TAX PAID WITH THIS RETURN \$

FOR OFFICE USE ONLY

TAXPAYER SIGNATURE (REQUIRED) _____ DATE _____

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