

EMPLOYERS QUARTERLY RETURN OF TAX WITHHELD

**CITY OF SPRINGDALE**

11700 SPRINGFIELD PIKE  
SPRINGDALE, OH 45246  
PHONE (513) 346-5715 FAX (513) 346-5756

PLEASE INDICATE WHICH PERIOD THIS RETURN IS FOR:

- JAN-MAR 20\_\_\_\_ (DUE APR 15)
- APR-JUN 20\_\_\_\_ (DUE JUL 15)
- JULY-SEP 20\_\_\_\_ (DUE OCT 15)
- OCT-DEC 20\_\_\_\_ (DUE JAN 15)
- OR
- MONTH OF \_\_\_\_\_

EMPLOYER'S SPRINGDALE ACCOUNT NUMBER

EMPLOYER'S FEDERAL I.D. NUMBER

EMPLOYER'S PHONE NUMBER

EMPLOYER'S NAME AND ADDRESS

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

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

TAXPAYER SIGNATURE (REQUIRED)

DATE

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