

EMPLOYERS 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 SHOULD FILE THIS RETURN EVEN IF THERE IS NO TAX DUE

PLEASE INDICATE WHICH PERIOD THIS RETURN IS FOR:

- JAN-MAR 20____ (DUE APR 30)
 APR-JUN 20____ (DUE JUL 30)
 JULY-SEP 20____ (DUE OCT 30)
 OCT-DEC 20____ (DUE JAN 30)

OR

MONTH OF _____

(monthly withholding is due by the 15th of the following month)

1. TAXABLE EARNINGS SUBJECT TO SPRINGDALE TAX \$ _____
2. SPRINGDALE TAX (2.0% 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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