

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 15)
- APR-JUN 20____ (DUE JUL 15)
- JULY-SEP 20____ (DUE OCT 15)
- OCT-DEC 20____ (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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