

CITY OF SPRINGDALE
WITHHOLDING TAX RECONCILIATION

FOR TAX OFFICE USE ONLY

SPRINGDALE TAX COMMISSION
11700 SPRINGFIELD PIKE
SPRINGDALE, OHIO 45246

2018

DUE ON OR BEFORE FEBRUARY 28, 2019

TAX OFFICE PHONE 513-346-5715 FAX 346-5756

EMPLOYER'S NAME AND ADDRESS:

EMPLOYER'S SPRINGDALE
ACCOUNT NUMBER:

SPRINGDALE WITHHOLDING TAX RECONCILIATION

THE EMPLOYER IS REQUIRED TO WITHHOLD ON "QUALIFYING WAGES" AS DEFINED IN THE INTERNAL REVENUE CODE SECTION 3121 (o), GENERALLY THE MEDICARE WAGE BOX OF THE W-2. IF THE MEDICARE WAGES BOX IS NOT THE LARGEST WAGE FIGURE ON THE W-2 FORM, A WRITTEN EXPLANATION IS REQUIRED TO BE ATTACHED TO THIS FILING.

Table with 4 columns: WORK CITY, PAYROLL, SPRINGDALE RESIDENT TAX RATE, SPRINGDALE COURTESY RESIDENT INCOME TAX. Rows include Blue Ash, Evendale, Loveland, Mason, Montgomery, Wyoming, Township, Out of State, and a total row.

Table with 5 columns: QUARTER, TOTAL TAXABLE PAYROLL, TAX RATE, SPRINGDALE INCOME TAX, TAX OFFICE USE ONLY. Rows include 1st, 2nd, 3rd, 4th quarters and a total row.

Table with 5 columns: 1ST QUARTER, 2ND QUARTER, 3RD QUARTER, 4TH QUARTER, TOTAL. Row for AMOUNTS REMITTED TO SPRINGDALE ON FORM W-1.

- 1. Total number of employees as represented by the W-2's submitted
2. Total Springdale taxable wages as shown on the W-2's
3. Total Springdale tax withheld as shown on the W-2's

- 4. Total "Courtesy" Resident tax due Springdale
5. Total Springdale Employment tax due
6. Total Springdale tax due
7. Less payments remitted to Springdale
8. Difference between lines 6 & 7. (If an underpayment, make check payable to the City of Springdale)

NOTICE

- 1. Copies of all W-2's listing full federal information must be included when filing this form.
2. If non-employee compensation was paid (\$600 or more per individual) for work performed in Springdale, include copies of the 1099's when filing this form.
3. Mail the original of this form and copies of the W-2's to the Springdale Tax Commission on or before February 28, 2019.

SUBMITTED BY (PRINT/TYPE NAME)

TITLE

SIGNATURE DATE

EMPLOYER FID NO.

PHONE NUMBER

E-MAIL CONTACT