

CITY OF KENTON

Income Tax Division
111 W. Franklin St
PO Box 220
Kenton, OH 43326

Phone: 419-673-1355 (8:30-4:30, M-F, EST)

Fax: 419-675-3200

Email: kentonincometax@windstream.net

Website: www.kentoncity.com

IMPORTANT TAX INFORMATION

W-3 2014 RECONCILIATION

W-1 2014 WITHHOLDING RETURNS

**CITY OF KENTON
EMPLOYER'S WITHHOLDING BOOKLET**

FORM W-1 M

GENERAL INFORMATION

Each employer within the City of Kenton or doing business within the City of Kenton who employs one or more persons is required to withhold the tax of 1.50% from all compensation paid to employees at the time the compensation is paid and file form W-1 and remit the tax to:

City of Kenton
Income Tax Division
PO Box 220
Kenton, OH 43326

Monthly: All returns and payments are due on or before the last day of each month for the amount withheld during the preceding month.

Quarterly: All returns and payments are due on or before the last day of month following each calendar quarter for the amount withheld during the preceding quarter.

Delinquent payments shall be subject to penalty, interest and late filing charges as provided in the City of Kenton Tax Ordinance and Rules and Regulations.

The failure of any employer to receive and procure form W-1 shall not excuse him/her from making this return or from remitting the tax withheld.

How to prepare this form:

- LINE 1** Enter the total compensation paid to all taxable employees during the period for which return is made. If not compensation was paid during the period, so indicate and return form W-1.
- LINE 2** Compute Kenton tax due (1.50% times payroll)
- LINE 3** Show any adjustments to tax due
- LINE 4** Enter amount remitted (Line 2 + Line 3)

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON

AMENDED (Attach Explanation)

RETURN WITH PAYMENT

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS

01/2014

FOR THE PERIOD ENDING
JANUARY 2014

DUE ON OR BEFORE
FEBRUARY 28, 2014

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK PAYABLE TO
CITY OF KENTON

MAIL TO:
CITY OF KENTON
INCOME TAX DIVISION
PO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200

kentonincometax@windstream.net
www.kentoncity.com

Your cancelled check is your receipt.

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**02/2014**FOR THE PERIOD ENDING
FEBRUARY 2014DUE ON OR BEFORE **MARCH**
31, 2014

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF KENTON**MAIL TO:**
CITY OF KENTON
INCOME TAX DIVISIONPO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200kentonincometax@windstream.net
www.kentoncity.com*Your cancelled check is your receipt.*

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**03/2014**FOR THE PERIOD ENDING
MARCH 2014DUE ON OR BEFORE **APRIL 30,**
2014

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF KENTON**MAIL TO:**
CITY OF KENTON
INCOME TAX DIVISIONPO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200kentonincometax@windstream.net
www.kentoncity.com***Your cancelled check is your receipt.***

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**04/2014**FOR THE PERIOD ENDING
APRIL 2014DUE ON OR BEFORE **MAY 31,**
2014

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF KENTON**MAIL TO:**
CITY OF KENTON
INCOME TAX DIVISIONPO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200kentonincometax@windstream.net
www.kentoncity.com***Your cancelled check is your receipt.***

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**05/2014**FOR THE PERIOD ENDING
MAY 2014DUE ON OR BEFORE **JUNE 30,**
2014

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF KENTON**MAIL TO:**
CITY OF KENTON
INCOME TAX DIVISIONPO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200kentonincometax@windstream.net
www.kentoncity.com***Your cancelled check is your receipt.***

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**06/2014**FOR THE PERIOD ENDING
JUNE 2014DUE ON OR BEFORE **JULY 30,**
2014

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF KENTON**MAIL TO:**
CITY OF KENTON
INCOME TAX DIVISIONPO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200kentonincometax@windstream.net
www.kentoncity.com***Your cancelled check is your receipt.***

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**07/2014**FOR THE PERIOD ENDING
JULY 2014DUE ON OR BEFORE **AUGUST**
31, 2014

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF KENTON**MAIL TO:**
CITY OF KENTON
INCOME TAX DIVISIONPO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200kentonincometax@windstream.net
www.kentoncity.com***Your cancelled check is your receipt.***

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**08/2014**FOR THE PERIOD ENDING
AUGUST 2014DUE ON OR BEFORE
SEPTEMBER 30, 2014

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF KENTON**MAIL TO:**
CITY OF KENTON
INCOME TAX DIVISIONPO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200kentonincometax@windstream.net
www.kentoncity.com**Your cancelled check is your receipt.**

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON

AMENDED (Attach Explanation)

RETURN WITH PAYMENT

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS

09/2014

FOR THE PERIOD ENDING
SEPTEMBER 2014

DUE ON OR BEFORE **OCTOBER
31, 2014**

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK PAYABLE TO
CITY OF KENTON

**MAIL TO:
CITY OF KENTON
INCOME TAX DIVISION**

PO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200

kentonincometax@windstream.net
www.kentoncity.com

Your cancelled check is your receipt.

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**10/2014**FOR THE PERIOD ENDING
OCTOBER 2014DUE ON OR BEFORE
NOVEMBER 30, 2014

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF KENTON

MAIL TO:
CITY OF KENTON
INCOME TAX DIVISION
 PO BOX 220
 KENTON, OH 43326
 PHONE 419-673-1355
 FAX 419-675-3200

kentonincometax@windstream.net
www.kentoncity.com

Your cancelled check is your receipt.

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**11/2014**FOR THE PERIOD ENDING
NOVEMBER 2014DUE ON OR BEFORE
DECEMBER 31, 2014

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF KENTON**MAIL TO:**
CITY OF KENTON
INCOME TAX DIVISIONPO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200kentonincometax@windstream.net
www.kentoncity.com***Your cancelled check is your receipt.***

EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON AMENDED (Attach Explanation)**RETURN WITH PAYMENT**

	CITY OF KENTON
1. PAYROLL THIS PERIOD	\$ _____
2. AMOUNT OF KENTON TAX WITHHELD (1.50%)	\$ _____
3. ADJUSTMENT*	\$ _____
4. AMOUNT REMITTED	\$ _____
TOTAL REMITTANCE	\$ _____

Is this a final return? Yes No If yes, attach explanation

*If adjusted, provide explanation

BUSINESS NAME AND ADDRESS**12/2014**FOR THE PERIOD ENDING
DECEMBER 2014DUE ON OR BEFORE **JANUARY**
31, 2015

Notify the Kenton Income Tax Division promptly of any changes in ownership or name and address.

FORM W-1 M

I hereby certify that the information and statements contained herein
are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE
SHOWN BELOWMAKE CHECK PAYABLE TO
CITY OF KENTON**MAIL TO:**
CITY OF KENTON
INCOME TAX DIVISIONPO BOX 220
KENTON, OH 43326
PHONE 419-673-1355
FAX 419-675-3200kentonincometax@windstream.net
www.kentoncity.com***Your cancelled check is your receipt.***

GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation on Form W-3. Copies of W-2 forms applicable to the reconciliation must be provided with the completed W-3 form. All W-2s must furnish the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of W-2 forms are not available, each employer must provide a listing of the W-2 form. The listing must contain the same information as required on the W-2 form.

SPECIFIC FILING INFORMATION

The Form W-3 must show a breakdown of all withholding payments, made either quarterly or monthly in the boxes provided. The amount paid and the amount withheld should be equal. If they are not equal, attach an explanation for any discrepancy.

If a balance due is indicated, the amount must be paid on or before February 28. If an overpayment is indicated, amended returns for the month or quarter in which the overpayment occurred must be filed to obtain a refund.

The completed form W-3 and the paper W-2s must be submitted to:

City of Kenton
Income Tax Division
PO Box 220
Kenton, OH 43326

...on or before February 28 of each year.

For assistance, contact the Kenton Income Tax Division at 419-673-1355

FORM W-3

CITY OF KENTON TAX RECONCILIATION

SUBMIT BY FEBRUARY 28

Paper W-2s must be included

MAIL TO **CITY OF KENTON**
 Income Tax Division
 PO Box 220
 Kenton, OH 43326

FOR TAX YEAR ENDING 2014 **DUE FEBRUARY 28, 2015**

PAYMENT ENCLOSED

REFUND REQUESTED*

* If an overpayment is indicated, amended returns for the month or quarter in which the overpayment occurred must be filed to obtain a refund.

BUSINESS NAME AND ADDRESS

JANUARY	JULY	1. TOTAL NUMBER OF W-2s ATTACHED	_____
FEBRUARY	AUGUST	2. TOTAL PAYROLL FOR YEAR	\$ _____
MARCH	SEPTEMBER	3. LESS PAYROLL NOT SUBJECT TO TAX	\$ _____
1 ST QUARTER	3 RD QUARTER	4. PAYROLL SUBJECT TO TAX	\$ _____
APRIL	OCTOBER	5. WITHHOLDING LIABILITY @ 1.50% OF LINE 4	\$ _____
MAY	NOVEMBER	<i>No refund with this form. See instructions</i>	
JUNE	DECEMBER	6. AVERAGE # OF EMPLOYEES	_____
2 ND QUARTER	4 TH QUARTER		

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Federal ID No. _____ Date _____

Phone no. _____

WITHHOLDING TAX WORKSHEET

(Keep for your records – Do not file)

Month Ending	Due Date	Check Number	Date	Amount
1/31	2/28	_____	_____	_____
2/28	3/31	_____	_____	_____
3/31	4/30	_____	_____	_____
or 1 st qtr	4/30	_____	_____	_____
4/30	5/31	_____	_____	_____
5/31	6/30	_____	_____	_____
6/30	7/31	_____	_____	_____
or 2 ND qtr	7/31	_____	_____	_____

FORM W-1 M

WITHHOLDING TAX WORKSHEET

(Keep for your records – Do not file)

Month Ending	Due Date	Check Number	Date	Amount
7/31	8/31	_____	_____	_____
8/31	9/30	_____	_____	_____
9/30	10/31	_____	_____	_____
or 3 rd qtr	10/31	_____	_____	_____
10/31	11/30	_____	_____	_____
11/30	12/31	_____	_____	_____
12/31	1/31	_____	_____	_____
or 4 th qtr	1/31	_____	_____	_____