

*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](mailto:kentonincometax@windstream.net)  
Website: [www.kentoncity.com](http://www.kentoncity.com)

*IMPORTANT TAX INFORMATION*

**W-3 2016 RECONCILIATION**

**W-1 2016 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 15th day of each month for the amount withheld during the preceding month.

**Quarterly:** All returns and payments are due on or before the 15th 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**

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS****01/2016**FOR THE PERIOD ENDING  
**JANUARY 2016**DUE ON OR BEFORE  
**FEBRUARY 15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)**Your cancelled check is your receipt.**

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

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS****02/2016**FOR THE PERIOD ENDING  
**FEBRUARY 2016**DUE ON OR BEFORE  
**MARCH 15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)*Your cancelled check is your receipt.*

**EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON**

AMENDED (Attach Explanation)

**RETURN WITH PAYMENT**

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS**

**03/2016**

FOR THE PERIOD ENDING

**MARCH 2016**

DUE ON OR BEFORE **APRIL 15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)

*Your cancelled check is your receipt.*

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

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS****04/2016**

FOR THE PERIOD ENDING

**APRIL 2016**DUE ON OR BEFORE **MAY 15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)***Your cancelled check is your receipt.***

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

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS****05/2016**

FOR THE PERIOD ENDING

**MAY 2016**DUE ON OR BEFORE **JUNE 15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)***Your cancelled check is your receipt.***

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

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS****06/2016**

FOR THE PERIOD ENDING

**JUNE 2016**DUE ON OR BEFORE **JULY 15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)***Your cancelled check is your receipt.***



**EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON**

AMENDED (Attach Explanation)

**RETURN WITH PAYMENT**

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS**

**07/2016**

FOR THE PERIOD ENDING  
**JULY 2016**

DUE ON OR BEFORE **AUGUST  
15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)

*Your cancelled check is your receipt.*

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

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS****08/2016**FOR THE PERIOD ENDING  
**AUGUST 2016**DUE ON OR BEFORE  
**SEPTEMBER 15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)***Your cancelled check is your receipt.***

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

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS****09/2016**FOR THE PERIOD ENDING  
**SEPTEMBER 2016**DUE ON OR BEFORE **OCTOBER  
15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)***Your cancelled check is your receipt.***

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

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS****10/2016**FOR THE PERIOD ENDING  
**OCTOBER 2016**DUE ON OR BEFORE  
**NOVEMBER 15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)**Your cancelled check is your receipt.**

**EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON**

AMENDED (Attach Explanation)

**RETURN WITH PAYMENT**

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS**

**11/2016**

FOR THE PERIOD ENDING  
**NOVEMBER 2016**

DUE ON OR BEFORE  
**DECEMBER 15, 2016**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://www.kentoncity.com)

*Your cancelled check is your receipt.*

**EMPLOYER'S RETURN OF TAX WITHHELD – CITY OF KENTON**

AMENDED (Attach Explanation)

**RETURN WITH PAYMENT**

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

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

\*If adjusted, provide explanation

**BUSINESS NAME AND ADDRESS**

**12/2016**

FOR THE PERIOD ENDING  
**DECEMBER 2016**

DUE ON OR BEFORE  
**JANUARY 15, 2017**

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](mailto:kentonincometax@windstream.net)  
[www.kentoncity.com](http://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 2016**            **DUE FEBRUARY 28, 2017**

**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 <sup>ST</sup> QUARTER	3 <sup>RD</sup> 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 <sup>ND</sup> QUARTER	4 <sup>TH</sup> 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	2/15	_____	_____	_____
2/28	3/15	_____	_____	_____
3/31	4/15	_____	_____	_____
or 1 <sup>st</sup> qtr	4/15	_____	_____	_____
4/30	5/15	_____	_____	_____
5/31	6/15	_____	_____	_____
6/30	7/15	_____	_____	_____
or 2 <sup>nd</sup> qtr	7/15	_____	_____	_____

**FORM W-1 M**

**WITHHOLDING TAX WORKSHEET**

(Keep for your records – Do not file)

Month Ending	Due Date	Check Number	Date	Amount
7/31	8/15	_____	_____	_____
8/31	9/15	_____	_____	_____
9/30	10/15	_____	_____	_____
or 3 <sup>rd</sup> qtr	10/15	_____	_____	_____
10/31	11/15	_____	_____	_____
11/30	12/15	_____	_____	_____
12/31	1/15	_____	_____	_____
or 4 <sup>th</sup> qtr	1/15	_____	_____	_____