IMPORTANT TAX INFORMATION

FORMS W1

FORM W3

CITY OF FRANKLIN
INCOME TAX DEPARTMENT
1 BENJAMIN FRANKLIN WAY
FRANKLIN, OH 45005-2478

EMPLOYER QUARTERLY WITHHOLDING BOOKLET

HOW TO PREPARE THIS FORM:

LINE 1 – Enter total taxable compensation PAID to all employees during the period for which the return is made. If no compensation was paid during the period, so indicate and return form.

LINE 2 – Enter total ACTUAL tax withheld from taxable employee during the quarter for City of Franklin, OHIO – Local Tax.

LINE 3 – To adjust current payment of actual tax withheld for overpayment in previous period.

LINE 4 THRU 6 – Will be calculated based on tax withheld and date payment is received (not postmark date).

LINE 7 – Total payment submitted with W1 form.

Payment must accompany form and be received by due date to avoid penalty. The due date is the 15th of the month following the period end.

If this is the initial return, the payment and form must be submitted with the appropriate questionnaire. Failure to include the questionnaire will delay processing.

Questionnaires are available online.

City of Franklin Tax Department (937) 746-9921
Tax ordinance available at www.franklinohio.org

The due date is the 15th of the month following the period end. If your withholding liability is $1,200.00 or greater for the year, you are required to submit payments monthly. If your liability is less than $1,200.00 for the year, you may elect to submit quarterly.

Payments received after the due date are subject to penalty, interest and late filing fees.

FORM W1 – EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

1

			DO NOT ROUND
1.	Taxable earnings paid all employees subject to city income tax	1.	$
2.	Actual tax withheld in period for city income tax	2.	$
3.	Adjustment of tax (prior period)	3.	$
4.	Interest (1% per month)	4.	$
5.	Penalty (3% per month)	5.	$
6.	Late filing fee if received after due date ($30.00)	6.	$
7.	**TOTAL**	7.	$

Number of Taxable Employees ..... _____

NAME

ADDRESS

CITY STATE ZIP

FILING REQUIRED EVEN IF NO TAX DUE FOR THE PERIOD

FOR THE PERIOD ENDING
MARCH 31, 2015

DUE ON OR BEFORE
APRIL 15, 2015

MAKE CHECK PAYABLE TO:

CITY OF FRANKLIN, OHIO
INCOME TAX DEPARTMENT
1 BENJAMIN FRANKLIN WAY
FRANKLIN, OHIO 45005-2478
PHONE: (937) 746-9921

FID #: _____

ACCOUNT #: _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO BEST OF MY KNOWLEDGE

(SIGNED) _____

PRINT NAME: _____

(OFFICIAL TITLE) _____

DATE: _____

TELEPHONE: _____

EMAIL ADRESS: _____

FORM W1 – EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

			DO NOT ROUND
1.	Taxable earnings paid all employees subject to city income tax	1.	$
2.	Actual tax withheld in period for city income tax	2.	$
3.	Adjustment of tax (prior period)	3.	$
4.	Interest (1% per month)	4.	$
5.	Penalty (3% per month)	5.	$
6.	Late filing fee if received after due date ($30.00)	6.	$
7.	**TOTAL**	7.	$

Number of Taxable Employees _____

NAME

ADDRESS

CITY STATE ZIP

FILING REQUIRED EVEN IF NO TAX DUE FOR THE PERIOD

FOR THE PERIOD ENDING
JUNE 30, 2015

DUE ON OR BEFORE
JULY 15, 2015

MAKE CHECK PAYABLE TO:

CITY OF FRANKLIN, OHIO
INCOME TAX DEPARTMENT
1 BENJAMIN FRANKLIN WAY
FRANKLIN, OHIO 45005-2478
PHONE: (937) 746-9921

FID #: _____

ACCOUNT #: _____

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I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO BEST OF MY KNOWLEDGE

(SIGNED) _____

PRINT NAME: _____

(OFFICIAL TITLE) _____

DATE: _____

TELEPHONE: _____

EMAIL ADRESS: _____

FORM W1 – EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

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2.	Actual tax withheld in period for city income tax	2.	$
3.	Adjustment of tax (prior period)	3.	$
4.	Interest (1% per month)	4.	$
5.	Penalty (3% per month)	5.	$
6.	Late filing fee if received after due date ($30.00)	6.	$
7.	**TOTAL**	7.	$

Number of Taxable Employees ..... _____

NAME

ADDRESS

CITY STATE ZIP

FILING REQUIRED EVEN IF NO TAX DUE FOR THE PERIOD

FOR THE PERIOD ENDING
SEPTEMBER 30, 2015

DUE ON OR BEFORE
OCTOBER 15, 2015

MAKE CHECK PAYABLE TO:

CITY OF FRANKLIN, OHIO
INCOME TAX DEPARTMENT
1 BENJAMIN FRANKLIN WAY
FRANKLIN, OHIO 45005-2478
PHONE: (937) 746-9921

FID #: _____

ACCOUNT #: _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO BEST OF MY KNOWLEDGE

(SIGNED) _____

PRINT NAME: _____

(OFFICIAL TITLE) _____

DATE: _____

TELEPHONE: _____

EMAIL ADRESS: _____

FORM W1 – EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

			DO NOT ROUND
1.	Taxable earnings paid all employees subject to city income tax	1.	$
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4.	Interest (1% per month)	4.	$
5.	Penalty (3% per month)	5.	$
6.	Late filing fee if received after due date ($30.00)	6.	$
7.	**TOTAL**	7.	$

Number of Taxable Employees ..... _____

NAME

ADDRESS

CITY STATE ZIP

FILING REQUIRED EVEN IF NO TAX DUE FOR THE PERIOD

FOR THE PERIOD ENDING
DECEMBER 31, 2015

DUE ON OR BEFORE
JANUARY 15, 2016

MAKE CHECK PAYABLE TO:

CITY OF FRANKLIN, OHIO
INCOME TAX DEPARTMENT
1 BENJAMIN FRANKLIN WAY
FRANKLIN, OHIO 45005-2478
PHONE: (937) 746-9921

FID #: _____

ACCOUNT #: _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO BEST OF MY KNOWLEDGE

(SIGNED) _____

PRINT NAME: _____

(OFFICIAL TITLE) _____

DATE: _____

TELEPHONE: _____

EMAIL ADRESS: _____

ANNUAL RECONCILIATION (FORM W3)

GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation on the City of Franklin Form W-3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2 forms 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 the W-2 forms are not available, each employer must provide a listing of all employees subject to the City of Franklin tax. The listing must contain the same information as required on the W-2 form. An adding machine tape listing the amounts of the City of Franklin income tax withheld, as indicated by the individual employee W-2 statements, should be included with the W-3.

SPECIFIC FILING INFORMATION

The Form W-3 must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. Lines 1-9 must also be completed. The amount paid and the amount withheld should be equal. If line 9 indicates a balance due of $1.00 or more, submit the payment along with Form W-3 on or before February 28. If line 9 indicates an over payment of $1.00 or more, either request a refund or use a credit on your next withholding voucher. The completed Form W-3 and all attachments must be submitted to the City of Franklin, Income Tax Department, 1 Benjamin Way, Franklin, Ohio 45005-2478 on or before February 28.

Contact the City of Franklin, Income Tax Department at (937) 746-9921 for assistance.

CITY OF FRANKLIN WITHHOLDING TAX RECONCILIATION FOR TAX YEAR 2015 Fed ID #: _____ Acct #: _____
SUBMIT BY FEBRUARY 28. **W-2s MUST BE ATTACHED**

1) TOTAL NUMBER OF W-2S ATTACHED ..... _____
2) TOTAL PAYROLL FOR YEAR: ..... $ _____
3) LESS PAYROLL NOT SUBJECT TO TAX: ..... $ _____
4) PAYROLL SUBJECT TO TAX: ..... $ _____
5) WITHHOLDING TAX LIABILITY @ 2.0% OF LINE 4: ..... $ _____
6) TAX WITHHELD ..... $ _____
7) MANDATORY: Enter larger of line 5 or line 6 ..... $ _____
   COURTESY: Enter line 6
8) TOTAL PAID: ..... $ _____
9) DIFFERENCE (line 7 minus line 8): ..... $ _____
   IF OVERPAYMENT: REFUND _____ CREDIT TO NEXT YEAR _____

NAME

ADDRESS

CITY STATE ZIP

JANUARY	APRIL	JULY	OCTOBER
$	$	$	$
FEBRUARY	**MAY**	**AUGUST**	**NOVEMBER**
$	$	$	$
MARCH	**JUNE**	**SEPTEMBER**	**DECEMBER**
$	$	$	$
1ST QUARTER	**2ND QUARTER**	**3RD QUARTER**	**4TH QUARTER**
$	$	$	$

Total Paid For Year:..... $ _____

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

Signed _____ Date _____

Print Name: _____ Telephone _____

Email Address: _____

MAIL TO: **CITY OF FRANKLIN**
INCOME TAX DEPARTMENT
1 BENJAMIN FRANKLIN WAY
FRANKLIN, OH 45005-2478

Form W3

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Period Ending	Due Date	Amount	Date	Check Number	Period Ending	Due Date	Amount	Date	Check Number
1/31	2/15				7/31	8/15			
2/28	3/15				8/31	9/15			
3/31	4/15				9/30	10/15			
1st Qtr.	4/15				3rd Qtr.	10/15			
4/30	5/15				10/31	11/15			
5/31	6/15				11/30	12/15			
6/30	7/15				12/31	1/15			
2nd Qtr.	7/15				4th Qtr.	1/15			