



CITY OF OAKWOOD  
INCOME TAX DEPARTMENT  
30 PARK AVE.  
OAKWOOD, OH 45419-3400

PHONE (937) 298-0531

**IMPORTANT TAX INFORMATION**

**EMPLOYER MUNICIPAL WITHHOLDING BOOKLET**

# IMPORTANT INFORMATION AND FORMS INSTRUCTIONS

## WHO MUST FILE:

Each employer within or doing business within the City of Oakwood, Ohio, who employs one or more persons is required to withhold the tax of two and one half percent (2.5%) from all compensation earned or received, and to file Form OW-1 and remit the tax to the City of Oakwood on or before the last day of the month following the period in which the withholding deduction was made. The employer shall be liable for the payment of the tax required to be deducted and withheld, whether or not such tax has in fact been withheld.

## HOW TO PREPARE THIS FORM:

**Line 1:** Enter amount of wages subject to Oakwood income taxes.

**Line 2:** Enter amount of Oakwood tax withheld, or amount that should have been withheld. If no tax was required to be withheld, so indicate and return form.

**Line 3-5:** Enter late filing penalty, underpayment penalty and interest when applicable.

**Line 6:** Total of lines 2 through 5.

Make check or money order payable to:

**CITY OF OAKWOOD INCOME TAX DEPARTMENT**

**CITY OF OAKWOOD INCOME TAX DEPARTMENT  
EMPLOYER'S RETURN OF TAX WITHHELD**

AMENDED **RETURN FORM WITH PAYMENT**

		<b>DO NOT ROUND</b>
1.	Taxable Earnings paid all Employees subject to City of Oakwood, Ohio, 2.5% (.025) Income Tax ..... 1. Is this a courtesy withholding?..... <input type="checkbox"/> YES <input type="checkbox"/> NO Is this a final return? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation	
2.	Actual Tax Withheld in quarter/month for City Income Tax..... 2.	
3.	Late filing penalty \$25, 1-30 days, \$50, 30+ ..... 3.	
4.	Penalty: 10% or 3% per month, whichever is greater ..... 4.	
5.	Interest: 1-1/2% per month ..... 5.	
6.	Total ..... 6.	

I declare that this return is a true, correct, and complete return, pursuant to the Oakwood Income Tax Ordinance and Regulations.

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

Phone no. \_\_\_\_\_

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

MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF **OAKWOOD INCOME TAX DEPARTMENT**

**MAIL TO:**

**CITY OF OAKWOOD**  
INCOME TAX DEPARTMENT  
30 PARK AVE.  
OAKWOOD, OH 45419-3400  
PHONE (937) 298-0531

NAME AND ADDRESS

FOR QUARTER ENDING  
**MARCH 31, 2015**

DUE ON OR BEFORE  
**APRIL 30, 2015**

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

**OW-1**

**CITY OF OAKWOOD INCOME TAX DEPARTMENT  
EMPLOYER'S RETURN OF TAX WITHHELD**

AMENDED **RETURN FORM WITH PAYMENT**

		<b>DO NOT ROUND</b>
1.	Taxable Earnings paid all Employees subject to City of Oakwood, Ohio, 2.5% (.025) Income Tax ..... 1. Is this a courtesy withholding?..... <input type="checkbox"/> YES <input type="checkbox"/> NO Is this a final return? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation	
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4.	Penalty: 10% or 3% per month, whichever is greater ..... 4.	
5.	Interest: 1-1/2% per month ..... 5.	
6.	Total ..... 6.	

I declare that this return is a true, correct, and complete return, pursuant to the Oakwood Income Tax Ordinance and Regulations.

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

Phone no. \_\_\_\_\_

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

MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF **OAKWOOD INCOME TAX DEPARTMENT**

**MAIL TO:**

**CITY OF OAKWOOD**  
INCOME TAX DEPARTMENT  
30 PARK AVE.  
OAKWOOD, OH 45419-3400  
PHONE (937) 298-0531

NAME AND ADDRESS

FOR QUARTER ENDING  
**JUNE 30, 2015**

DUE ON OR BEFORE  
**JULY 31, 2015**

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

**OW-1**

**CITY OF OAKWOOD INCOME TAX DEPARTMENT  
EMPLOYER'S RETURN OF TAX WITHHELD**

AMENDED **RETURN FORM WITH PAYMENT**

		<b>DO NOT ROUND</b>
1.	Taxable Earnings paid all Employees subject to City of Oakwood, Ohio, 2.5% (.025) Income Tax ..... 1. Is this a courtesy withholding?..... <input type="checkbox"/> YES <input type="checkbox"/> NO Is this a final return? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation	
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5.	Interest: 1-1/2% per month ..... 5.	
6.	Total ..... 6.	

I declare that this return is a true, correct, and complete return, pursuant to the Oakwood Income Tax Ordinance and Regulations.

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

Phone no. \_\_\_\_\_

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

MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF **OAKWOOD INCOME TAX DEPARTMENT**

**MAIL TO:**

**CITY OF OAKWOOD**  
INCOME TAX DEPARTMENT  
30 PARK AVE.  
OAKWOOD, OH 45419-3400  
PHONE (937) 298-0531

NAME AND ADDRESS

FOR QUARTER ENDING  
**SEPTEMBER 30, 2015**

DUE ON OR BEFORE  
**NOVEMBER 2, 2015**

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

**OW-1**

**CITY OF OAKWOOD INCOME TAX DEPARTMENT  
EMPLOYER'S RETURN OF TAX WITHHELD**

AMENDED **RETURN FORM WITH PAYMENT**

		<b>DO NOT ROUND</b>
1.	Taxable Earnings paid all Employees subject to City of Oakwood, Ohio, 2.5% (.025) Income Tax .....	1.
	Is this a courtesy withholding?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Is this a final return? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, attach explanation	
2.	Actual Tax Withheld in quarter/month for City Income Tax.....	2.
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6.	Total .....	6.

I declare that this return is a true, correct, and complete return, pursuant to the Oakwood Income Tax Ordinance and Regulations.

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

Phone no. \_\_\_\_\_

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

MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF **OAKWOOD INCOME TAX DEPARTMENT**

**MAIL TO:**

**CITY OF OAKWOOD**  
INCOME TAX DEPARTMENT  
30 PARK AVE.  
OAKWOOD, OH 45419-3400  
PHONE (937) 298-0531

NAME AND ADDRESS

FOR QUARTER ENDING  
**DECEMBER 31, 2015**

DUE ON OR BEFORE  
**FEBRUARY 1, 2016**

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

**OW-1**

# 2015 CITY OF OAKWOOD ANNUAL RECONCILIATION INSTRUCTIONS

## GENERAL:

On or before January 31st of each year, every employer must file an annual reconciliation of Oakwood income tax withheld. Copies of all W-2 forms applicable to the reconciliation must be attached and in alphabetical order. All W-2's must contain the employee's name, address social security number, qualifying wage, Oakwood income tax withheld and the name and address of the employer.

## RECONCILIATION INSTRUCTIONS:

- Part A: Enter amount remitted to the City of Oakwood for each corresponding month or quarter.
- Part B:
- Line 1: Enter number of W-2's attached. **Remember to attach all W-2's in alphabetical order.**
- Line 2: Enter gross wages subject to Oakwood income tax.
- Line 3: Enter Oakwood tax withheld from forms W-2, box 19.
- Line 4: Enter total tax remitted per Part A.
- Line 5: Subtract Line 4 from Line 3. Any balance owed should accompany this reconciliation. If there is an overpayment, you must file an amended return for the corresponding period and attach an explanation. An overpayment of tax from an individual employee's wages will only be refunded directly to the employee.

**2015 CITY OF OAKWOOD  
ANNUAL RECONCILIATION OF OAKWOOD INCOME TAX WITHHELD**

Federal ID No. \_\_\_\_\_  
Please indicate any changes to pre-printed information. If not pre-printed, please list name, address and FID/EIN.

**SUBMIT BY FEB 1, 2016. W-2'S MUST BE ATTACHED.**

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

Signed \_\_\_\_\_

**MAIL TO: CITY OF OAKWOOD INCOME TAX DEPARTMENT  
30 PARK AVE., OAKWOOD, OH 45419-3400**

OW-3

**PART A**

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

**PART B**

<b>LINE 1</b>	Number of W-2's:
<b>LINE 2</b>	Total Wages:
<b>LINE 3</b>	Tax Withheld (from W-2's):
<b>LINE 4</b>	Tax Paid:
<b>LINE 5</b>	Balance Due or (Overpayment) (line 3 Less line 4):

**WITHHOLDING TAX WORKSHEET**

(Keep for your records - Do not file)

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

**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	11/2	_____	_____	_____
or 3rd qtr	11/2	_____	_____	_____
10/31	11/30	_____	_____	_____
11/30	12/31	_____	_____	_____
12/31	2/1	_____	_____	_____
or 4th qtr	2/1	_____	_____	_____