EMPLEYER MUNICIPAL MONTHLY WITHHOLDING BOOKLET

This Booklet Contains the 2019 Withholding Vouchers and the 2019 Annual Reconciliation
WHO MUST FILE:
Each employer within the City of Marysville, Ohio who employs one or more persons is required to withhold the tax of one and one-half percent (1.5%) from all compensation at the time such compensation is paid, and to file Withholding Return (Form WHQ or Form WHM) and remit tax to the City of Marysville Income Tax Division.

DEPOSIT REQUIREMENTS:
Due Date: Due by the 15th of the following month
Monthly – If one of the following are met, according to state law mandate, you must remit withholdings on a monthly basis.
1. “Look Back” provision: previous year $2,399 is withheld or
2. Any month in previous quarter $200+ was withheld
Quarterly – All accounts that are not required to file monthly.

FAILURE TO FILE RETURN AND PAY TAX:
All taxes, including taxes withheld or required to be withheld from wages by an employer, and remaining unpaid after they become due shall bear interest on the amount of the unpaid tax at the rate of .58% per month. The taxpayers upon whom said taxes are imposed, and the employers required by Ordinance to deduct, withhold and pay taxes imposed by the Ordinance, shall be liable in addition thereto, to a penalty of fifty percent (50%) of the amount of the unpaid tax.

In addition, whoever violates Section 142.15 or 142.051 of Marysville's Codified Ordinance by committing fraud or failure to remit withholdings shall be guilty of a misdemeanor of the first degree and shall be subject to a fine of not more than one thousand dollars and/or imprisonment for a term of up to six months. The failure of any taxpayer to receive a return or declaration form shall not excuse him or her from making a return or declaration or from paying the tax. Also, a late filing fee of $25.00 per month may be added for each month it is late (not to exceed $150.00 total).

HOW TO PREPARE THIS FORM:
Line 1 – Enter total taxable compensation PAID to all employees during the period for which return is made. If no compensation was paid during the period, indicate zero and return form WHQ. A WHQ form is required regardless if there were no withholdings for the period.
Line 2 – Enter total ACTUAL tax withheld from taxable employees during the period (month or quarter) for the CITY OF MARYSVILLE – INCOME TAX.
Line 3 – Adjust current payment of actual tax withheld for underpayments from prior periods. For overpayments in previous periods, file an amended return for that earlier period.
Line 4 – Penalty is 50% of amount of withholding tax due.
Line 5 – Interest is .58% per month
Line 6 – Enter total amount to be remitted. Pay this amount in full.
1. **Taxable Earnings paid all Employees**  
   subject to City of Marysville, Ohio, 1.5% (.015) ....................... 1.  
   Is this a courtesy withholding? ......................... ☐ YES  
   Is this a final return? .................................. ☐ YES ☐ NO  
   If yes, attach explanation  

2. **Actual Tax Withheld in month/quarter for City Income Tax** ........ 2.  

3. **Adjustment of Tax for prior period(s).**  
   Explain in full on back of form .................................. 3.  

4. **Penalty (50%)** ............................................................. 4.  

5. **Interest (.58% per month)** ........................................ 5.  


---

**NAME AND ADDRESS**

FOR THE PERIOD ENDING

JANUARY 31, 2019

MUST BE POSTMARKED BY

FEBRUARY 15, 2019

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

FORM WHM

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

(Signed) ____________________________  
(Official Title) ______________ Date __________  
Contact #/Email ____________________________  
Federal ID no. ____________________________

THIS RETURN MUST BE FILED ON OR  
BEFORE THE DUE DATE SHOWN BELOW  
MAKE CHECK OR MONEY ORDER PAYABLE TO  
CITY OF MARYSVILLE

MAIL TO:  
INCOME TAX DIVISION  
CITY OF MARYSVILLE  
209 S. Main St., P.O. Box 385  
Marysville, OH 43040  
Telephone (937) 645-7350  
Fax (937) 645-7351  

If receipt is desired, submit additional copy and  
enclose self-addressed, stamped envelope.
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**NAME AND ADDRESS**

**FOR THE PERIOD ENDING**

**FEBRUARY 28, 2019**

**MUST BE POSTMARKED BY**

**MARCH 15, 2019**

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

**FORM WHM**

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

(Signed) ____________________________

(Official Title) ____________________ Date ______

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NAME AND ADDRESS

FOR THE PERIOD ENDING MARCH 31, 2019
MUST BE POSTMARKED BY APRIL 15, 2019

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FORM WHM

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NAME AND ADDRESS

FOR THE PERIOD ENDING
APRIL 30, 2019
MUST BE POSTMARKED BY
MAY 15, 2019

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

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(Signed) ____________________________________________

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FOR THE PERIOD ENDING

MAY 31, 2019

MUST BE POSTMARKED BY

JUNE 15, 2019

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NAME AND ADDRESS

FOR THE PERIOD ENDING

JUNE 30, 2019

MUST BE POSTMARKED BY

JULY 15, 2019

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FORM WHM

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Federal ID no. __________________________

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FORM WHM

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### CITY OF MARYSVILLE OHIO, EMPLOYER’S MONTHLY RETURN OF TAX WITHHELD

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**NAME AND ADDRESS**

**FOR THE PERIOD ENDING**

**AUGUST 31, 2019**

**MUST BE POSTMARKED BY**

**SEPTEMBER 15, 2019**

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**FORM WHM**

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

(Signed) ____________________________

(Official Title) _______________________ Date __________

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

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FORM WHM

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(Signed) ____________________________________________

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NAME AND ADDRESS

NOTIFY THE INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE.

FORM WHM

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(Signed) __________________________________________

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FORM WHM

NAME AND ADDRESS

FOR THE PERIOD ENDING
NOVEMBER 30, 2019

MUST BE POSTMARKED BY
DECEMBER 15, 2019
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Fax (937) 645-7351

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.
On or before the last day of February of each year, each employer must file a withholding reconciliation return on the City of Marysville Form W-3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must furnish the name, address, social security number, gross wages, medicare 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 Marysville tax. The listing shall require the same type of information as is required on the W-2 form.

Any individual(s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earning statement on or before the last day of February of each year. All 1099’s or earnings statements shall require the same type of information as is required on the W-2 forms as stated above.

The front of the Form W-3 must show a breakdown of all withholding payments made quarterly or monthly in the boxes provided. Lines 1, 2, 3, 4 and 5 must be completed. The total tax paid shall be equal to 1.5% of Line 2 and placed in Line 5. The completed W-3 form and all attachments must be submitted to the Income Tax Division, City of Marysville, 209 S. Main St., P.O. Box 385, Marysville, OH 43040 on or before the last day of February of each year. Any questions in completing the Form W-3 should be referred to the Income Tax Division at (937) 645-7350, option 4.

**ELECTRONIC FILING**

In lieu of hard copies of all W-2 forms, all employers are strongly encouraged to file their W-2 forms electronically. Those employers with 100 or more employees should file electronically. Specific instructions and formats can be found at www.marysvilleohio.org.
CITY OF MARYSVILLE
ANNUAL RECONCILIATION RETURN
SUBMIT BY FEBRUARY 28. W-2’S MUST BE ATTACHED
MAIL TO: INCOME TAX DIVISION PHONE: (937) 645-7350
CITY OF MARYSVILLE FAX: (937) 645-7351
209 S. Main St., P.O. Box 385
Marysville, OH 43040

FOR TAX YEAR ENDING 2019
PAYMENT ENCLOSED □
REFUND REQUESTED □

SEE INSTRUCTIONS

NAME: FIN:

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

Signed ________________________________ Title ________________________________
Federal ID no. ________________________________ Date ________________________________
Phone no. ________________________________
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