#### **CITY OF CAMBRIDGE**

INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596 (740) 439-2355 Forms W-1 (Monthly Statement)
Form W-3 (Annual Reconciliation)

**IMPORTANT** 

# 2021 EMPLOYER'S MUNICIPAL INCOME TAX WITHHOLDING FORMS

This packet contains withholding tax forms you are required to file.

The rate for 2021 is 2% (.02)

PLEASE DO NOT DESTROY – IMPORTANT TAX FORMS

# NOTE: TAX RATE CHANGE TO 2.0% EFFECTIVE 1/1/2010

Dear Employer:

This is your 2021 Employer's Monthly Return of Tax Withheld package. Included are 12 Monthly forms for your filing requirement. We have also included the Employer Reconciliation of Income Tax Withheld for 2021. These will not be sent each month. Please keep for further payments.

If you have any questions regarding the below forms, please contact us at 828 Wheeling Avenue, Cambridge, Ohio 43725-2596. If you wish to contact by telephone, our number is (740) 439-2355. These forms are also available on-line at **www.cambridgeoh.org** click on the City Government/Treasurer's Link.

Sincerely,

INCOME TAX ADMINISTRATOR

FORM W-1	EMPLOYER'S RETURN OF TAX WITHHE CITY OF CAMBRIDGE	LD			
	INCOME TAX DEPARTMENT	2021	FOR MONTHLY PERIOD		
	828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355		JANUARY 31, 2021		
			DUE ON OR BEFORE		
	, ,		FEBRUARY 15, 2021		
ACCT. #		FID #			
NAME AND ADDRESS			1. Total wages subject to Cambridge Tax\$\$		
			2. Cambridge taxes due @ 2.0%\$\$		
			3. Adjustment to prior return\$\$		
			4. Penalty\$\$		
			5. Interest\$\$		
			6. Total Balance/Due\$\$		
Is this a co	urtesy withholding?□ Yes		7. Amount Paid\$\$		
Is this a fin	al return? ☐ Yes	□ No			
If yes, attach explanation			Signature		
I hereby certify that the information and statements herein are true and correct.		are true and correct.	Phone #		

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS

NOTIFY IN	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS			TAX RATE 2.0% EFFECTIVE 1/1/2010	☐ AMENDE
FORM W-1	EMPLOYER'S RETURN OF TAX WITH CITY OF CAMBRIDGE INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355	HHELD 2021		FOR MONTHLY PERIOD FEBRUARY 28, 2021  DUE ON OR BEFORE MARCH 15, 2021	
ACCT. #		FID #		WARCH 13, 2021	
NAME AN	D ADDRESS		<ol> <li>Cambridge taxes due</li> <li>Adjustment to prior</li> <li>Penalty</li> <li>Interest</li> <li>Total Balance/Due</li> </ol>	to Cambridge Tax\$  e @ 2.0%\$  return\$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	
Is this a courtesy withholding?□ Yes			7. Amount Paid	\$	
Is this a fir	nal return?	Yes □ No			
If yes, attach explanation		Signature	Date/_	/	
I hereby certify that the information and statements herein are true and correct.		Phone #			

NOTIFY IN	COME TAX DEPARTMENT PROMPTLY O	IN NAME OR ADDRESS	TAX RATE 2.0% EFFECTIVE 1/1/2010	☐ AMENDED	
FORM W-1	CITY OF CAMBRIDGE INCOME TAX DEPARTMENT	2021		FOR MONTHLY PERIOD	
	828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596			MARCH 31, 2021	
	TELEPHONE (740) 439-2355			DUE ON OR BEFORE  APRIL 15, 2021	
ACCT. #	FID	#		,	
NAME ANI	D ADDRESS		1. Total wages subject t	o Cambridge Tax\$	
			2. Cambridge taxes due	e @ 2.0%\$\$	
			3. Adjustment to prior	return\$\$	
			4. Penalty	\$	
				\$	
			6. Total Balance/Due	\$	
Is this a courtesy withholding?□ Yes				\$	
Is this a fin	nal return? Yes 🗆 I	No			
If yes, atta	ch explanation		Signature	Date/_	/
I hereby certify that the information and statements herein are true and correct.		Phone #			

FORM W-1	EMPLOYER'S RETURN OF TAX WITHI	HELD		
	INCOME TAX DEPARTMENT	2021	FOR MONTHLY PERIOD	
	828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596		APRIL 30, 2021	
	TELEPHONE (740) 439-2355		DUE ON OR BEFORE	
			MAY 15, 2021	
ACCT. #		_ FID #		
NAME AN	D ADDRESS		1. Total wages subject to Cambridge Tax\$	
			2. Cambridge taxes due @ 2.0%\$\$	
			3. Adjustment to prior return\$\$	
			4. Penalty\$\$	
			5. Interest\$\$	
			6. Total Balance/Due\$\$	
Is this a co	ourtesy withholding?□ Yes		7. Amount Paid\$\$	
Is this a fir	nal return? Ye	es 🗆 No		

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS

If yes, attach explanation

	EMPLOYER'S RETURN OF TAX WITHH CITY OF CAMBRIDGE INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596	ELD 2021	FOR MONTHLY PERIOD  MAY 31, 2021
	TELEPHONE (740) 439-2355		DUE ON OR BEFORE
			JUNE 15, 2021
ACCT. #		FID #	
NAME AND	ADDRESS		1. Total wages subject to Cambridge Tax\$
			2. Cambridge taxes due @ 2.0%\$\$
			3. Adjustment to prior return\$\$
			4. Penalty\$
			5. Interest\$\$
			6. Total Balance/Due\$\$
Is this a co	urtesy withholding?□ Yes		7. Amount Paid\$\$
Is this a fin	al return? ☐ Ye	s □ No	

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS

If yes, attach explanation

FORM W-1	EMPLOYER'S RETURN OF TAX WITH CITY OF CAMBRIDGE INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596	HHELD 2021	FOR MONTHLY PERIO JUNE 30, 2021		
	TELEPHONE (740) 439-2355		DUE ON OR BEFORE		
			JULY 15, 2021		
ACCT. #		FID #	<del></del>		
NAME AND ADDRESS			1. Total wages subject to Cambridge Tax	.\$	
			2. Cambridge taxes due @ 2.0%	.\$	
			3. Adjustment to prior return	.\$	
			4. Penalty	.\$	
			5. Interest	.\$	
			6. Total Balance/Due	.\$	
Is this a co	urtesy withholding?□ Yes		7. Amount Paid	.\$	
Is this a fin	al return?ロ`	∕es □ No			
If yes, attach explanation		SignatureDate	·/		
I hereby certify that the information and statements herein are true and correct.		Phone #			

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS

FORM W-1	EMPLOYER'S RETURN OF TAX WITHHELD CITY OF CAMBRIDGE INCOME TAX DEPARTMENT	2021	FOR MONTHLY PERIOD		
	828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355		JULY 31, 2021  DUE ON OR BEFORE		
ACCT. #	FID #_		AUGUST 15, 2021		
NAME ANI	D ADDRESS		1. Total wages subject to Cambridge Tax\$		
			2. Cambridge taxes due @ 2.0%\$\$		
			3. Adjustment to prior return\$\$		
			4. Penalty\$\$		
			5. Interest\$\$		
			6. Total Balance/Due\$\$		
Is this a co	urtesy withholding?□ Yes		7. Amount Paid\$\$		
Is this a fin	nal return? ☐ Yes ☐ No	)			
If yes, atta	ch explanation		SignatureDate		
I hereby certif	fy that the information and statements herein are tru	ie and correct.	Phone #		

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS

(     8	EMPLOYER'S RETURN OF TAX WITHH CITY OF CAMBRIDGE NCOME TAX DEPARTMENT B28 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596	ELD 2021	FOR MONTHLY PERIOD  AUGUST 31, 2021
•	ELEPHONE (740) 439-2355		DUE ON OR BEFORE
ACCT. #		FID #	SEPTEMBER 15, 2021
NAME AND ADDRESS			1. Total wages subject to Cambridge Tax\$
			2. Cambridge taxes due @ 2.0%\$\$
			3. Adjustment to prior return\$\$
			4. Penalty\$\$
			5. Interest\$\$
			6. Total Balance/Due\$
Is this a cou	rtesy withholding?□ Yes		7. Amount Paid\$
Is this a fina	l return?□ Ye	s □ No	

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS

If yes, attach explanation

FORM W-1	EMPLOYER'S RETURN OF TAX WITHHEL CITY OF CAMBRIDGE INCOME TAX DEPARTMENT	D 2021	FOR MONTHLY PERIOD		
	828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355		SEPTEMBER 30, 2021  DUE ON OR BEFORE  OCTOBER 15, 2021		
ACCT. #	F	ID #			
NAME AND	O ADDRESS		1. Total wages subject to Cambridge Tax\$         2. Cambridge taxes due @ 2.0%\$         3. Adjustment to prior return\$         4. Penalty\$         5. Interest\$         6. Total Balance/Due\$	_	
	urtesy withholding?□ Yes al return?□ Yes I	J No	7. Amount Paid\$		
If yes, attach explanation  I hereby certify that the information and statements herein are true and correct.			SignatureDate// Phone #	_	

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS

FORM W-1 EMPLOYER'S RETURN OF TAX WITHHELD CITY OF CAMBRIDGE				
INCOME TAX DEPARTMENT 828 WHEELING AVENUE	2021	FOR MONTHLY PERIOD  OCTOBER 31, 2021		
CAMBRIDGE, OHIO 43725-2596		0010011131, 2021		
TELEPHONE (740) 439-2355		DUE ON OR BEFORE		
		NOVEMBER 15, 2021		
ACCT. # FID #	#	<del></del>		
NAME AND ADDRESS		Total wages subject to Cambridge Tax\$		
		2. Cambridge taxes due @ 2.0%\$\$		
		3. Adjustment to prior return\$		
		4. Penalty\$		
		5. Interest\$\$		
		6. Total Balance/Due\$\$		
Is this a courtesy withholding?□ Yes		7. Amount Paid\$\$		
Is this a final return? ☐ Yes ☐ N	No			
If yes, attach explanation		SignatureDate/		
I hereby certify that the information and statements herein are true and correct.		Phone #		

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS

FORM W-1 EMPLOYER'S RETURN OF TAX WITHHELD CITY OF CAMBRIDGE INCOME TAX DEPARTMENT	2021	FOR MONTHLY PERIOD		
828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596		NOVEMBER 3	•	
TELEPHONE (740) 439-2355		DUE ON OR B December 1		
ACCT. # FID #			-,	
NAME AND ADDRESS	1. To	tal wages subject to Cambridge Tax	\$	
	2. C	ambridge taxes due @ 2.0%	\$	
	3. A	djustment to prior return	\$	
	4. Po	enalty	\$	
	5. Ir	terest	\$	
	6. To	otal Balance/Due	\$	
Is this a courtesy withholding?□ Yes	7. A	mount Paid	\$	
Is this a final return? ☐ Yes ☐ No				
If yes, attach explanation	Signa	ture	Date//	
I hereby certify that the information and statements herein are true	and correct. Phor	ne #		

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS

CIT INC 828	PLOYER'S RETURN OF TAX WITHHE Y OF CAMBRIDGE COME TAX DEPARTMENT B WHEELING AVENUE MBRIDGE, OHIO 43725-2596	LD 2021	FOR MONTHLY PERIOD  DECEMBER 31, 2021
TEL	EPHONE (740) 439-2355		DUE ON OR BEFORE
			JANUARY 15, 2022
ACCT. #		FID #	
NAME AND A	DDRESS		1. Total wages subject to Cambridge Tax\$
			2. Cambridge taxes due @ 2.0%\$\$
			3. Adjustment to prior return\$
			4. Penalty\$\$
			5. Interest\$\$
			6. Total Balance/Due\$
Is this a courte	esy withholding?□ Yes		7. Amount Paid\$\$
Is this a final r	eturn? $\square$ Yes	П №	

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS

If yes, attach explanation

#### □ AMENDED 828 WHEELING AVENUE ● CAMBRIDGE, OHIO 43725-2596 ● (740) 439-2355 INCOME TAX WITHHELD FOR THE YEAR 2021 1. Total number of employees..... **PAYMENT SUMMARY** 2. Total payroll subject to tax......\$ 5. Total remitted for the year.....\$\_ 3. Withholding tax liability at .020 of line 2......\$ 6. Overpayment \$\_\_\_\_\_or additional tax due \$\_ 4. Total remitted for the year (brought over from line 5)\$ No taxes or refunds of less than \$10.00 shall be collected or refunded **JANUARY** APRIL JULY OCTOBER ACCT. #\_\_\_\_\_

FORM W-3 EMPLOYER'S RECONCILIATION OF TAX WITHHELD - CITY OF CAMBRIDGE, INCOME TAX DEPARTMENT

NAME AND ADDRESS **FEBRUARY** MARCH PAYMENT ENCLOSED REFUND REQUESTED COPIES OF ALL 1099'S ISSUED AND W2'S MUST BE

ATTACHED TO THIS FORM AND RETURNED BY FEBRUARY 28

If additional tax is due, enclose p	payment with return
Submitted byOfficial Title	Date
Federal ID no.	
Phone #	

**AUGUST** 

SEPTEMBER

NOVEMBER

DECEMBER

MAY

JUNE

### WITHHOLDING TAX WORKSHEET

(Keep for your records – DO NOT FILE)

Mont h Ending	Payment Date	Check Number	Date	Amount Paid	Month Ending	Payment Date	Check Number	Date	Amount Paid
1/31	2/15				7/31	8/15			
2/28	3/15				8/31	9/15			
3/31	4/15				9/30	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			