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

2020 EMPLOYER'S MUNICIPAL INCOME TAX WITHHOLDING FORMS

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

The rate for 2020 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 2020 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 2020. 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 WITHHELD		
	CITY OF CAMBRIDGE INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596	2020	FOR MONTHLY PERIOD JANUARY 31, 2020
	TELEPHONE (740) 439-2355		DUE ON OR BEFORE
			FEBRUARY 15, 2020
ACCT. #	FID #_		
NAME AND	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 🗖 No		7. Amount Paid\$
Is this a fir	nal return? 🗆 Yes 🗆 No	o	
If yes, atta	ch explanation		SignatureDate
I hereby certi	fy that the information and statements herein are tru	ie and correct.	Phone #

NOTIFY IN	COME TAX DEPARTMENT PROMPTLY OF A	NY CHANGE	N NAME OR ADDRESS	TAX RATE 2.0% EFFECTIVE 1/1/2010	☐ AMENDED
	EMPLOYER'S RETURN OF TAX WITHHELD CITY OF CAMBRIDGE				
	INCOME TAX DEPARTMENT 828 WHEELING AVENUE	2020		FOR MONTHLY PERIOD	
	CAMBRIDGE, OHIO 43725-2596			FEBRUARY 29, 2020	
	TELEPHONE (740) 439-2355			DUE ON OR BEFORE	
				MARCH 15, 2020	
ACCT. #	FID #				
NAME AND	O ADDRESS		1. Total wages subject to	o Cambridge Tax\$\$	
			2. Cambridge taxes due	e @ 2.0%\$\$	
			3. Adjustment to prior r	return\$\$	
				\$	
			5. Interest	\$	
			6. Total Balance/Due	\$	
Is this a co	urtesy withholding? ☐ Yes ☐ No			\$	
Is this a fin	al return? ☐ Yes ☐ No				
If yes, atta	ch explanation		Signature	Date/_	/
I hereby certif	ry that the information and statements herein are true of	and correct.			

FORM W-1	EMPLOYER'S RETURN OF TAX WITHHELD CITY OF CAMBRIDGE INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355	2020	FOR MONTHLY MARCH 31, 20 DUE ON OR BE APRIL 15, 202 (20 FORE
ACCT. #	FID #		<u> </u>	
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	\$ \$ \$\$
Is this a co	urtesy withholding? ☐ Yes ☐ No		7. Amount Paid	\$
Is this a fin	al return? ☐ Yes ☐ No			
If yes, atta	ch explanation	9	Signature	Date//
I hereby certif	fy that the information and statements herein are true o	and correct.	Phone #	

TAX RATE 2.0% EFFECTIVE 1/1/2010 ☐ AMENDED

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

FORM W-1	EMPLOYER'S RETURN OF TAX WITH CITY OF CAMBRIDGE INCOME TAX DEPARTMENT	1ELD 2020	FOR MONTHLY PERIOD		
	828 WHEELING AVENUE	2020	APRIL 30, 2020		
	CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355		DUE ON OR BEFORE MAY 15, 2020		
ACCT. #		_ FID #			
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 No		7. Amount Paid\$		
Is this a fin	nal return? 🗆 Ye	s 🗆 No			
If yes, atta	ch explanation		SignatureDate	/_	/
I hereby certi	fy that the information and statements here	in are true and correct.	Phone #		

FORM W-1	EMPLOYER'S RETURN OF TAX WITHHELD			
	CITY OF CAMBRIDGE INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596	2020	FOR MONTHLY PERIOD MAY 31, 2020	
TELEPHONE (740) 439-2355	•		DUE ON OR BEFORE JUNE 15, 2020	
ACCT. #	FID #	<u> </u>		
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 🗖 No		7. Amount Paid\$	
Is this a fir	nal return? 🗆 Yes 🗆 N	0		
If yes, atta	ch explanation		Signature	_
I hereby certi	fy that the information and statements herein are tr	rue and correct.	Phone #	

FORM W-1	EMPLOYER'S RETURN OF TAX WITHHELD CITY OF CAMBRIDGE		
	INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596	2020	FOR MONTHLY PERIOD JUNE 30, 2020
	TELEPHONE (740) 439-2355		DUE ON OR BEFORE JULY 15, 2020
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 No		7. Amount Paid\$\$
Is this a fir	nal return? 🗆 Yes 🗆 No	o	
If yes, atta	ach explanation		SignatureDate
I hereby certi	fy that the information and statements herein are tru	ie and correct.	Phone #

FORM W-1	EMPLOYER'S RETURN OF TAX WITHHELD CITY OF CAMBRIDGE		
	INCOME TAX DEPARTMENT	2020	FOR MONTHLY PERIOD
	828 WHEELING AVENUE		JULY 31, 2020
	CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355		DUE ON OR BEFORE
			AUGUST 15, 2020
ACCT. #	FID	#	
NAME AND	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 No		7. Amount Paid\$\$
Is this a fin	nal return? 🗆 Yes 🗆 I	No	
If yes, atta	ch explanation		SignatureDate/
I hereby certij	fy that the information and statements herein are	rue and correct.	Phone #

	PLOYER'S RETURN OF TAX WITHHELI OF CAMBRIDGE	D			
INC	OME TAX DEPARTMENT	2020	FOR MONTHLY PERIOD		
	WHEELING AVENUE WBRIDGE, OHIO 43725-2596		AUGUST 31, 2020		
	EPHONE (740) 439-2355		DUE ON OR BEFORE		
			SEPTEMBER 15, 2020		
ACCT. #	FI	D#			
NAME AND AD	DRESS		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	sy withholding? ☐ Yes ☐ No		7. Amount Paid\$		
Is this a final re	eturn? 🗆 Yes 🛭] No			
If yes, attach e	xplanation		SignatureDate_	/	
I hereby certify tha	t the information and statements herein a	re true and correct.	Phone #		

TAX RATE 2.0% EFFECTIVE 1/1/2010 ☐ AMENDED

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

	EMPLOYER'S RETURN OF TAX WITHF	IELD			
ı	NCOME TAX DEPARTMENT	2020	FOR MONTHLY PERIOD		
	828 WHEELING AVENUE		SEPTEMBER 30, 2020		
•	CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355		DUE ON OR BEFORE OCTOBER 15, 2020		
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 cou	rtesy withholding? 🛮 Yes 🗖 No		7. Amount Paid\$		
Is this a fina	al return? 🗆 Ye	s 🗆 No			
If yes, attac	h explanation		SignatureDate_	/_	/
I hereby certify	that the information and statements here	in are true and correct.	Phone #		

FORM W-1	EMPLOYER'S RETURN OF TAX WITHHELD CITY OF CAMBRIDGE		
	INCOME TAX DEPARTMENT	2020	FOR MONTHLY PERIOD
	828 WHEELING AVENUE		OCTOBER 31, 2020
	CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355		DUE ON OR BEFORE NOVEMBER 15, 2020
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 🗖 No		7. Amount Paid\$\$
Is this a fir	nal return? 🗆 Yes 🗖 No)	
If yes, atta	ch explanation		Signature
I hereby certi	fy that the information and statements herein are tru	ie and correct.	Phone #

	EMPLOYER'S RETURN OF TAX WITHHE	LD			
I	NCOME TAX DEPARTMENT	2020	FOR MONTHLY PERIOD		
	828 WHEELING AVENUE		NOVEMBER 30, 2020		
CAMBRIDGE, OHIO 43725-25: TELEPHONE (740) 439-2355	•		DUE ON OR BEFORE DECEMBER 15, 2020		
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 cou	rtesy withholding? Yes No		7. Amount Paid\$ _		
Is this a fina	l return? ☐ Yes	□ No			
If yes, attack	h explanation		SignatureDate	/	/
I hereby certify	that the information and statements herein	are true and correct.	Phone #		

FORM W-1	EMPLOYER'S RETURN OF TAX WITHHELD			
	CITY OF CAMBRIDGE INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE ONIO 42725 2596	2020	FOR MONTHLY PERIOD DECEMBER 31, 2020	
CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355	•		DUE ON OR BEFORE JANUARY 15, 2021	
ACCT. # _	FIC) #	·	
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 No		7. Amount Paid\$	
Is this a fir	nal return? 🗆 Yes 🗖	No		
If yes, atta	ch explanation		Signature	
I hereby certi	fy that the information and statements herein are	e true and correct.	Phone #	

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

☐ AMENDED 828 WHEELING AVENUE ● CAMBRIDGE, OHIO 43725-2596 ● (740) 439-2355 INCOME TAX WITHHELD FOR THE YEAR 2020

Total number of employees Total payroll subject to tax\$	5. Total remitted for the year\$				
3. Withholding tax liability at .020 of line 2\$					
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				
ACCT. #	JANUARY APRIL JULY OCTOBER				
NAME AND ADDRESS	FEBRUARY MAY AUGUST NOVEMBER				
	MARCH JUNE SEPTEMBER DECEMBER				
PAYMENT ENCLOSED ☐ REFUND REQUESTED ☐	If additional tax is due, enclose payment with return				
COPIES OF ALL 1099'S ISSUED AND W2'S MUST BE ATTACHED TO THIS FORM AND RETURNED BY FEBRUARY 28	Submitted byDate Official Title Federal ID no				
	Phone #				

WITHHOLDING TAX WORKSHEET

(Keep for your records – DO NOT FILE)

Month 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			