

CITY OF CAMBRIDGE
INCOME TAX DEPARTMENT
828 WHEELING AVENUE
CAMBRIDGE, OHIO 43725-2596
(740) 439-2355

Forms W-1 (Quarterly 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 Quarterly Return of Tax Withheld package. Included are four quarterly forms for your filing requirement. We have also included the Employer Reconciliation of Income Tax Withheld for 2020. **These will not be sent each quarter. 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
TELEPHONE (740) 439-2355**

2020

FOR QUARTERLY PERIOD
JANUARY, FEBRUARY, MARCH

DUE ON OR BEFORE
APRIL 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.....\$ _____
- 7. Amount Paid.....\$ _____

Is this a courtesy withholding? Yes No

Is this a final return? Yes No

If yes, attach explanation

Signature _____ Date ____/____/____

Phone # _____

I hereby certify that the information and statements herein are true 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 QUARTERLY PERIOD
APRIL, MAY, JUNE

DUE ON OR BEFORE
JULY 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.....\$ _____
- 7. Amount Paid.....\$ _____

Is this a courtesy withholding? Yes No

Is this a final return? Yes No

If yes, attach explanation

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

Signature _____ Date ____/____/____

Phone # _____

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 QUARTERLY PERIOD
JULY, AUGUST, SEPTEMBER

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.....\$ _____
- 7. Amount Paid.....\$ _____

Is this a courtesy withholding? Yes No

Is this a final return? Yes No

If yes, attach explanation

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

Signature _____ Date ____/____/____

Phone # _____

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 QUARTERLY PERIOD
OCTOBER, NOVEMBER, DECEMBER

DUE ON OR BEFORE
JANUARY 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.....\$ _____
- 7. Amount Paid.....\$ _____

Is this a courtesy withholding? Yes No

Is this a final return? Yes No

If yes, attach explanation

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

Signature _____ Date ____/____/____

Phone # _____

- 1. Total number of employees..... _____
- 2. Total payroll subject to tax \$ _____
- 3. Withholding tax liability at .020 of line 2 \$ _____
- 4. Total remitted for the year (brought over from line 5) \$ _____

ACCT. # _____

NAME AND ADDRESS

PAYMENT SUMMARY

- First quarter ending March 31.....\$ _____
- Second quarter ending June 30\$ _____
- Third quarter ending September 30\$ _____
- Fourth quarter ending December 31.....\$ _____
- 5. Total remitted for the year\$ _____
- 6. Overpayment \$ _____ or additional tax due \$ _____

No taxes or refunds of less than \$10.00 shall be collected or refunded

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 payment with return

Submitted by _____ Date _____

Official Title _____

Federal ID no. _____

Phone # _____

WITHHOLDING TAX WORKSHEET

(Keep for your records – DO NOT FILE)

Quarter Ending	Payment Date	Check Number	Date	Amount Paid
3/31	4/15	_____	_____	_____
6/30	7/15	_____	_____	_____
9/30	10/15	_____	_____	_____
12/31	1/15	_____	_____	_____