**CITY OF CAMBRIDGE Forms W-1 (Quarterly Statement)**

INCOME TAX DEPARTMENT **Form W-3 (Annual Reconciliation)**

828 WHEELING AVENUE

CAMBRIDGE, OHIO 43725-2596 **IMPORTANT**

(740) 439-2355

**2024 EMPLOYER’S MUNICIPAL INCOME TAX WITHHOLDING FORMS**

***This packet contains withholding***

***tax forms you are required to file.***

**The rate for 2024 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 2024 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 2024. **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

**NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS**  TAX RATE 2.0% EFFECTIVE 1/1/2010 🞏 AMENDED

FORM W-1 **EMPLOYER’S RETURN OF TAX WITHHELD**

**CITY OF CAMBRIDGE**

**INCOME TAX DEPARTMENT 2024** FOR QUARTERLY PERIOD

**828 WHEELING AVENUE JANUARY, FEBRUARY, MARCH**

**CAMBRIDGE, OHIO 43725-2596**

**TELEPHONE (740) 439-2355** DUE ON OR BEFORE

**APRIL 15, 2024**

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 courtesy withholding? 🞏 Yes 🞏 No 7. Amount Paid $

Is this a final return? 🞏 Yes 🞏 No

If yes, attach explanation Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

*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**  TAX RATE 2.0% EFFECTIVE 1/1/2010 🞏 AMENDED

FORM W-1 **EMPLOYER’S RETURN OF TAX WITHHELD**

**CITY OF CAMBRIDGE**

**INCOME TAX DEPARTMENT 2024** FOR QUARTERLY PERIOD

**828 WHEELING AVENUE APRIL, MAY, JUNE**

**CAMBRIDGE, OHIO 43725-2596**

**TELEPHONE (740) 439-2355** DUE ON OR BEFORE

**JULY 15, 2024**

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 courtesy withholding? 🞏 Yes 🞏 No 7. Amount Paid $

Is this a final return? 🞏 Yes 🞏 No

If yes, attach explanation Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

*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**  TAX RATE 2.0% EFFECTIVE 1/1/2010 🞏 AMENDED

FORM W-1 **EMPLOYER’S RETURN OF TAX WITHHELD**

**CITY OF CAMBRIDGE**

**INCOME TAX DEPARTMENT 2024** FOR QUARTERLY PERIOD

**828 WHEELING AVENUE JULY, AUGUST, SEPTEMBER**

**CAMBRIDGE, OHIO 43725-2596**

**TELEPHONE (740) 439-2355** DUE ON OR BEFORE

**OCTOBER 15, 2024**

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 courtesy withholding? 🞏 Yes 🞏 No 7. Amount Paid $

Is this a final return? 🞏 Yes 🞏 No

If yes, attach explanation Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

*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**  TAX RATE 2.0% EFFECTIVE 1/1/2010 🞏 AMENDED

FORM W-1 **EMPLOYER’S RETURN OF TAX WITHHELD**

**CITY OF CAMBRIDGE**

**INCOME TAX DEPARTMENT 2024** FOR QUARTERLY PERIOD

**828 WHEELING AVENUE OCTOBER, NOVEMBER, DECEMBER**

**CAMBRIDGE, OHIO 43725-2596**

**TELEPHONE (740) 439-2355** DUE ON OR BEFORE

**JANUARY 15, 2025**

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 courtesy withholding? 🞏 Yes 🞏 No 7. Amount Paid $

Is this a final return? 🞏 Yes 🞏 No

If yes, attach explanation Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

*I hereby certify that the information and statements herein are 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 2024

1. Total number of employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PAYMENT SUMMARY**
2. Total payroll subject to tax $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First quarter ending March 31 $
3. Withholding tax liability at .020 of line 2 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second quarter ending June 30 $

4. Total remitted for the year (brought over from line 5)$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Third quarter ending September 30 $ Fourth quarter ending December 31 $

ACCT. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Total remitted for the year $

6. Overpayment $\_\_\_\_\_\_\_\_\_or additional tax due $

NAME AND ADDRESS

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

If additional tax is due, enclose payment with return

Submitted by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

Official Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT ENCLOSED 🞏 REFUND REQUESTED 🞏**

**COPIES OF ALL 1099’S ISSUED AND W2’S MUST BE ATTACHED TO THIS FORM AND RETURNED BY FEBRUARY 28**

**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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |