#### **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** 

## 2025 EMPLOYER'S MUNICIPAL INCOME TAX WITHHOLDING FORMS

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

The rate for 2025 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 2025 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 2025. 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 WITH	HELD				
	INCOME TAX DEPARTMENT	2025	FOR MONTH	HLY PERIOD		
	828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596		JANUARY 3.	1, 2025		
	TELEPHONE (740) 439-2355		DUE ON OR	BEFORE		
			FEBRUARY :	15, 2025		
ACCT. #		_ FID #				
NAME AND	ADDRESS		1. Total wages subject to Cambridge Tax	:\$ <u>_</u>		
			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? 🗆 Yo	es 🗆 No				
If yes, atta	ch explanation		Signature	Date	/_	/
I hereby certif	y that the information and statements here	in are true and correct.	Phone #			

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

NOTIFY IN	ICOME TAX DEPARTMENT PROM	PTLY OF ANY CHANG	E IN NAME OR ADDRESS	TAX RATE 2.0% EFFECTIVE 1/1/2010	☐ AMENDED
FORM W-1	EMPLOYER'S RETURN OF TAX WITH CITY OF CAMBRIDGE INCOME TAX DEPARTMENT	IHELD 2025		FOR MONTHLY PERIOD	
	828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596			FEBRUARY 29, 2025	
	TELEPHONE (740) 439-2355			DUE ON OR BEFORE  MARCH 15, 2025	
ACCT. # _		FID #			
NAME AND ADDRESS			1. Total wages subject t	o Cambridge Tax\$	
			2. Cambridge taxes due	e @ 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? 🗖 ۱	'es □ No			
If yes, atta	ach explanation		Signature	Date/_	/
I herehy cert	ify that the information and statements he	rein are true and correct	Phone #		

NOTIFY IN	COME TAX DEPARTMENT PROMPTLY OF A	NY 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 2025 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355		2025	FOR MONTHLY PERIOD  MARCH 31, 2025  DUE ON OR BEFORE	
	TEEET HORE (740) 433-2333		APRIL 15, 2025	
ACCT. #	FID #		·	
NAME AND		<ol> <li>Cambridge taxes d</li> <li>Adjustment to prio</li> <li>Penalty</li> <li>Interest</li> <li>Total Balance/Due</li> </ol>	t to Cambridge Tax\$  ue @ 2.0%\$  or return\$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	
	urtesy withholding?□ Yes	7. Amount Paid	\$	
Is this a fin	al return? ☐ Yes ☐ No			
If yes, atta	ch explanation	Signature	Date/_	/
I hereby certif	y that the information and statements herein are true ar	nd correct. Phone #		

FORM W-1	EMPLOYER'S RETURN OF TAX WITH CITY OF CAMBRIDGE INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596	2025	FOR MONTHLY PERIOD  APRIL 30, 2025
	TELEPHONE (740) 439-2355		DUE ON OR BEFORE
ACCT. #		_ FID #	MAY 15, 2025
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		7. Amount Paid\$\$
Is this a fin	al 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 WITHE CITY OF CAMBRIDGE	IELD			
	INCOME TAX DEPARTMENT	2025	FOR MONT	HLY PERIOD	
	828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596		MAY 31, 20	025	
•	TELEPHONE (740) 439-2355		DUE ON OF	R BEFORE	
			JUNE 15, 20	025	
ACCT. #		_ FID #	<u></u>		
NAME AND	ADDRESS		1. Total wages subject to Cambridge Tax	x\$	
			2. Cambridge taxes due @ 2.0%	\$	
			3. Adjustment to prior return	\$	
			4. Penalty	\$	
			5. Interest	\$	
			6. Total Balance/Due	\$	
Is this a cou	ırtesy withholding?□ Yes		7. Amount Paid	\$	
Is this a fina	al return? 🗆 Ye	s 🗆 No			
If yes, attac	h explanation		Signature	/Date/	'/_
I hereby certify	that the information and statements here	in are true and correct.	Phone #		

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

CITY INCC 828 V	LOYER'S RETURN OF TAX WITHHELD OF CAMBRIDGE DME TAX DEPARTMENT WHEELING AVENUE	<b>2025</b> FOR		R MONTHLY PERIOD NE 30, 2025	
	BRIDGE, OHIO 43725-2596 PHONE (740) 439-2355		DUE ON OR BEFO	RE	
		_	JULY 15, 2025		
ACCT. #	FID	#			
NAME AND ADD	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 courtes	y withholding?□ Yes		7. Amount Paid	\$	
Is this a final ret	turn? 🗆 Yes 🗖 🛚	No			
If yes, attach ex	planation		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

FORM W-1 EMPLOYER'S RETURN OF TAX WITHHELD CITY OF CAMBRIDGE			
INCOME TAX DEPARTMENT 828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596	2025	FOR MONTHLY PER JULY 31, 2025	IOD
TELEPHONE (740) 439-2355		DUE ON OR BEFORI AUGUST 15, 2025	E
ACCT. # FID #			
NAME AND ADDRESS	1. Total	wages subject to Cambridge Tax	\$
	2. Caml	oridge taxes due @ 2.0%	\$
	3. Adju	stment to prior return	\$
	4. Pena	lty	\$
	5. Inter	est	\$
	6. Total	Balance/Due	\$
Is this a courtesy withholding?□ Yes	7. Amo	unt Paid	\$
Is this a final return? ☐ Yes ☐ No			
If yes, attach explanation	Signatu	reDa	ate/
I hereby certify that the information and statements herein are true	and correct. Phone ‡	<b>‡</b>	

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

FORM W-1	EMPLOYER'S RETURN OF TAX WITHE CITY OF CAMBRIDGE	HELD				
	INCOME TAX DEPARTMENT	2025	FOR MONT	HLY PERIOD		
	828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596		AUGUST 33	1, 2025		
	TELEPHONE (740) 439-2355		DUE ON OF	R BEFORE		
			SEPTEMBE	R 15, 2025		
ACCT. #		_ FID #				
NAME AND	ADDRESS		1. Total wages subject to Cambridge Tax	x\$		
			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	es 🗆 No				
If yes, attac	ch explanation		Signature	Date	/	_/
I hereby certif	y that the information and statements here	in 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 828 WHEELING AVENUE		FOR MONTHLY PERIOD SEPTEMBER 30, 2025		
CAMBRIDGE, OHIO 43725-2596 TELEPHONE (740) 439-2355	DUE ON OR BEFORE OCTOBER 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	7. Amount Paid	\$		
Is this a final return? ☐ Yes ☐ No				
If yes, attach explanation	SignatureDat	:e/		
I hereby certify that the information and statements herein are true and	d correct. Phone #			

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

FORM W-1	EMPLOYER'S RETURN OF TAX WITHF	IELD		
	INCOME TAX DEPARTMENT 828 WHEELING AVENUE	2025	FOR MONTH OCTOBER 3	
	CAMBRIDGE, OHIO 43725-2596		OCTOBER 3.	1, 2023
	TELEPHONE (740) 439-2355		DUE ON OR	BEFORE
			NOVEMBER	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 co	urtesy withholding?□ Yes		7. Amount Paid	\$
Is this a fin	al return? 🗆 Ye	s 🗆 No		
If yes, attac	ch explanation		Signature	Date//
I hereby certif	y that the information and statements here	in are true and correct.	Phone #	

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

5 FOR MONTHLY PERIOD NOVEMBER 30, 2025
DUE ON OR BEFORE
DECEMBER 15, 2025
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\$\$
Signature
ct. Phone #
<b>202</b> !

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

FORM W-1	EMPLOYER'S RETURN OF TAX WITH CITY OF CAMBRIDGE	HHELD		
	INCOME TAX DEPARTMENT	2025	FOR MONTHLY PERIOD	
	828 WHEELING AVENUE CAMBRIDGE, OHIO 43725-2596		DECEMBER 31, 2025	
	TELEPHONE (740) 439-2355		DUE ON OR BEFORE	
			JANUARY 15, 2026	
ACCT. #		FID #		
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 co	urtesy withholding?□ Yes		7. Amount Paid\$	
Is this a fin	al return? 🗖 🛚	Yes □ No		
If yes, atta	ch explanation		SignatureDate/	
I hereby certif	y that the information and statements he	rein are true and correct.	Phone #	

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

# FORM W-3 EMPLOYER'S RECONCILIATION OF TAX WITHHELD – CITY OF CAMBRIDGE, INCOME TAX DEPARTMENT 828 WHEELING AVENUE ● CAMBRIDGE, OHIO 43725-2596 ● (740) 439-2355 INCOME TAX WITHHELD FOR THE YEAR 2025

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					
- Control of the Cont	JANUARY APRIL JULY OCTOBER					
ACCT. #						
	FEBRUARY MAY AUGUST NOVEMBER	_				
NAME AND ADDRESS						
	MARCH JUNE SEPTEMBER DECEMBER					
PAYMENT ENCLOSED ☐ REFUND REQUESTED ☐	If additional tax is due, enclose payment with return					
	Submitted by Date	_Date				
COPIES OF ALL 1099'S ISSUED AND W2'S MUST BE	Official Title					
ATTACHED TO THIS FORM AND RETURNED BY FEBRUARY 28	Federal ID no					
	Discours #					

#### 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			