

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 WITHHELD**

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

2025

FOR MONTHLY PERIOD
JANUARY 31, 2025

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

Is this a courtesy withholding? Yes

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

2025

FOR MONTHLY PERIOD
FEBRUARY 29, 2025

DUE ON OR BEFORE
MARCH 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.....\$ _____
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**CITY OF CAMBRIDGE
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TELEPHONE (740) 439-2355**

2025

FOR MONTHLY PERIOD
MARCH 31, 2025

DUE ON OR BEFORE
APRIL 15, 2025

ACCT. # _____ FID # _____

NAME AND ADDRESS

- 1. Total wages subject to Cambridge Tax.....\$ _____
- 2. Cambridge taxes due @ 2.0%.....\$ _____
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- 4. Penalty\$ _____
- 5. Interest.....\$ _____
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Phone # _____

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

2025

FOR MONTHLY PERIOD
APRIL 30, 2025

DUE ON OR BEFORE
MAY 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\$ _____
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828 WHEELING AVENUE
CAMBRIDGE, OHIO 43725-2596
TELEPHONE (740) 439-2355**

2025

FOR MONTHLY PERIOD
MAY 31, 2025

DUE ON OR BEFORE
JUNE 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.....\$ _____
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Phone # _____

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

2025

FOR MONTHLY PERIOD
JUNE 30, 2025

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

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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**

2025

FOR MONTHLY PERIOD
JULY 31, 2025

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

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Phone # _____

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

**CITY OF CAMBRIDGE
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828 WHEELING AVENUE
CAMBRIDGE, OHIO 43725-2596
TELEPHONE (740) 439-2355**

2025

FOR MONTHLY PERIOD
AUGUST 31, 2025

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

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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**

2025

FOR MONTHLY PERIOD
SEPTEMBER 30, 2025

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

Is this a courtesy withholding? Yes

Is this a final return? Yes No

If yes, attach explanation

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Signature _____ Date ____/____/____

Phone # _____

FORM W-1 EMPLOYER'S RETURN OF TAX WITHHELD

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

2025

FOR MONTHLY PERIOD
OCTOBER 31, 2025

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

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Signature _____ Date ____/____/____

Phone # _____

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CITY OF CAMBRIDGE
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828 WHEELING AVENUE
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TELEPHONE (740) 439-2355

2025

FOR MONTHLY PERIOD
NOVEMBER 30, 2025

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

Is this a courtesy withholding? Yes

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**

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CAMBRIDGE, OHIO 43725-2596
TELEPHONE (740) 439-2355**

2025

FOR MONTHLY PERIOD
DECEMBER 31, 2025

DUE ON OR BEFORE
JANUARY 15, 2026

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

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.

- 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) \$ _____
refunded

ACCT. # _____

NAME AND ADDRESS

PAYMENT SUMMARY

- 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

JANUARY	APRIL	JULY	OCTOBER
FEBRUARY	MAY	AUGUST	NOVEMBER
MARCH	JUNE	SEPTEMBER	DECEMBER

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)

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	_____	_____	_____