CITY OF ZANESVILLE
DIVISION OF INCOME TAX
401 MARKET STREET
ZANESVILLE OH 43701-3576

IMPORTANT TAX INFORMATION

EMPLOYER MUNICIPAL WITHHOLDING BOOKLET

* **NEW DUE DATE: QUARTERLY WITHHOLDING PAYMENTS MUST BE POSTMARKED BY THE 15TH DAY OF THE MONTH FOLLOWING THE END OF THE QUARTER.**
* **NEW PENALTY CHARGE FOR LATE PAYMENT.**

FILING FREQUENCY: QUARTERLY

EXAMINE THESE DOCUMENTS

This book contains 4 employer withholding tax Forms BA-12, 1 year end reconciliation Form BA-13

PLEASE CHECK THEM FOR ACCURACY AND COMPLETENESS

REPORT ANY ERRORS
In writing to:

CITY OF ZANESVILLE
INCOME TAX DEPARTMENT
401 MARKET STREET
ZANESVILLE OH 43701-3576

DO NOT REMOVE THIS COUPON. RETAIN IT AS A PERMANENT RECORD OF YOUR ACCOUNT NUMBER.

INSTRUCTIONS FOR PREPARING & FILING FORM BA-12

WHO MUST FILE:

Each employer within or doing business within the City of Zanesville who employs one or more persons is required to withhold the tax of 1.9% (.019) from all salaries, wages (including vacation and sick pay), commissions, and other compensation before any income is deferred (contributions made by or on behalf of employees to tax deferred plans) and cost of group term life insurance over $50,000 at the time such compensation is paid and to file Form BA-12 and remit such tax to the tax office before the 15th day of the next month after the monthly or quarterly period in which the withholding was made. If no compensation was paid during a said period, so indicate and explain.

INTEREST AND PENALTY:

All taxes required to be withheld by employers and not submitted by the due date are subject to a 50% penalty charge of the tax due.

HOW TO PREPARE:

LINE 1 – Enter number of taxable employees.

LINE 2 – Enter gross taxable compensation paid for all employees for the period for which the return is made. If no compensation was paid during the period so indicate and return BA-12.

LINE 3 – Enter actual tax withheld for City of Zanesville at the rate of 1.9%.

LINE 4 – Adjust current payment of actual tax withheld for underpayment or overpayment in previous period. Attach explanation.

LINE 5 – Enter penalty charge of 50% of tax due.

LINE 6 – Enter total amount to be remitted.

CITY OF ZANESVILLE EMPLOYER'S RETURN OF TAX WITHHELD

RETURN WITH PAYMENT

1. NUMBER OF TAXABLE EMPLOYEES	$		
2. TAXABLE EARNINGS	$		
3. ACTUAL TAX WITHHELD AT 1.9% (.019)	$		
4. ADJUSTMENTS OF TAX FOR PRIOR PERIOD	$		
5. INTEREST AND PENALTY (50% OF TAX DUE)	$		
6. TOTAL INCLUDING INTEREST AND PENALTY IF DUE	$		

MAKES CHECK PAYABLE TO:

ZANESVILLE CITY INCOME TAX
401 MARKET STREET
ZANESVILLE, OH 43701-3576

FOR THE PERIOD ENDING
JAN THRU MAR, 2016

DUE ON OR BEFORE
APRIL 15, 2016

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

SIGNED _____

OFFICIAL TITLE _____

FEDERAL ID NO _____

PHONE NO _____

1

NOTIFY TAX OFFICE PROMPTLY OF ANY CHANGE IN OWNERSHIP, NAME OR ADDRESS

BA-12

CITY OF ZANESVILLE EMPLOYER'S RETURN OF TAX WITHHELD

RETURN WITH PAYMENT

1. NUMBER OF TAXABLE EMPLOYEES	$		
2. TAXABLE EARNINGS	$		
3. ACTUAL TAX WITHHELD AT 1.9% (.019)	$		
4. ADJUSTMENTS OF TAX FOR PRIOR PERIOD	$		
5. INTEREST AND PENALTY (50% OF TAX DUE)	$		
6. TOTAL INCLUDING INTEREST AND PENALTY IF DUE	$		

MAKES CHECK PAYABLE TO:

ZANESVILLE CITY INCOME TAX
401 MARKET STREET
ZANESVILLE, OH 43701-3576

FOR THE PERIOD ENDING
APRIL THRU JUN, 2016

DUE ON OR BEFORE
JULY 15, 2016

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

SIGNED _____

OFFICIAL TITLE _____

FEDERAL ID NO _____

PHONE NO _____

2

NOTIFY TAX OFFICE PROMPTLY OF ANY CHANGE IN OWNERSHIP, NAME OR ADDRESS

BA-12

CITY OF ZANESVILLE EMPLOYER'S RETURN OF TAX WITHHELD

RETURN WITH PAYMENT

1. NUMBER OF TAXABLE EMPLOYEES	$		
2. TAXABLE EARNINGS	$		
3. ACTUAL TAX WITHHELD AT 1.9% (.019)	$		
4. ADJUSTMENTS OF TAX FOR PRIOR PERIOD	$		
5. INTEREST AND PENALTY (50% OF TAX DUE)	$		
6. TOTAL INCLUDING INTEREST AND PENALTY IF DUE	$		

MAKES CHECK PAYABLE TO:

ZANESVILLE CITY INCOME TAX
401 MARKET STREET
ZANESVILLE, OH 43701-3576

FOR THE PERIOD ENDING
JUL THRU SEPT, 2016

DUE ON OR BEFORE
OCTOBER 15, 2016

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

SIGNED _____

OFFICIAL TITLE _____

FEDERAL ID NO _____

PHONE NO _____

3

NOTIFY TAX OFFICE PROMPTLY OF ANY CHANGE IN OWNERSHIP, NAME OR ADDRESS

BA-12

CITY OF ZANESVILLE EMPLOYER'S RETURN OF TAX WITHHELD

RETURN WITH PAYMENT

1. NUMBER OF TAXABLE EMPLOYEES	$		
2. TAXABLE EARNINGS	$		
3. ACTUAL TAX WITHHELD AT 1.9% (.019)	$		
4. ADJUSTMENTS OF TAX FOR PRIOR PERIOD	$		
5. INTEREST AND PENALTY (50% OF TAX DUE)	$		
6. TOTAL INCLUDING INTEREST AND PENALTY IF DUE	$		

MAKES CHECK PAYABLE TO:

ZANESVILLE CITY INCOME TAX
401 MARKET STREET
ZANESVILLE, OH 43701-3576

FOR THE PERIOD ENDING
OCT THRU DEC, 2016

DUE ON OR BEFORE
JANUARY 15, 2017

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

SIGNED _____

OFFICIAL TITLE _____

FEDERAL ID NO _____

PHONE NO _____

4

NOTIFY TAX OFFICE PROMPTLY OF ANY CHANGE IN OWNERSHIP, NAME OR ADDRESS

BA-12

INSTRUCTIONS FOR COMPLETING EMPLOYER'S RECONCILIATION

FORM BA-13

Every employer who is required to prepare Form BA-12 must file Form BA-13 Reconciliation of Tax Withheld. Completing and filing BA-12's does not fulfill your filing requirement. This reconciliation is due on or before February 28, 2017. Copies of all W-2's are to be submitted with this form.

LINE 1 – Number of Employees for the year

LINE 2 – Gross wages on all employees

LINE 3 – Tax withheld at 1.9% (.019)

LINE 4 – Amount of interest and penalty paid thru the year

LINE 5 – Total amount due

LINE 6 – Total amount paid through year

LINE 7 – If 5 and 6 are not identical list reason on back – if amount is due send a check with this form – if amount is overpayment indicate either refund or carryover to next year on front of form

CITY OF ZANESVILLE EMPLOYER'S RECONCILIATION

2016

1. TOTAL NUMBER TAXABLE EMPLOYEES			
2. TOTAL TAXABLE EARNINGS	$		
3. ACTUAL TAX WITHHELD AT 1.9% (.019)	$		
4. INTEREST AND PENALTY PAID	$		
5. TOTAL AMOUNT DUE	$		
6. TOTAL AMOUNT PAID TO CITY	$		
7. ITEMS 5 & 6 SHOULD BE IDENTICAL SHOW AMOUNT AND EXPLAIN DISCREPANCY ON REVERSE SIDE	$		

SIGNED _____

FEDERAL IDENTIFICATION NO _____

SIGNATURES _____

TITLE _____

PHONE NUMBER _____

DUE ON OR BEFORE FEBRUARY 28, 2017

PROVIDE EXPLANATION OF PAYROLL NOT SUBJECT TO TAX ON BACK OF THIS FORM
**(IF NO EXPLANATION PROVIDED, 1.9% OF TOTAL GROSS IS DUE AND PAYABLE)

A W2 FORM OR EQUIVALENT FOR EACH EMPLOYEE MUST ACCOMPANY THIS STATEMENT

BA-13

CHANGE OF EMPLOYER STATUS

Please use this form to report any changes of mailing address, name merger information, or out of business information.

FEDERAL EMPLOYER'S I.D. NO. _____

_____

_____

_____

MAIL TO:

CITY OF ZANESVILLE
INCOME TAX DEPT.
401 MARKET STREET
ZANESVILLE, OH 43701

NEW NAME AND MAILING ADDRESS

BUSINESS NAME _____
OWNER'S NAME _____
NEW MAILING ADDRESS _____
CITY _____
STATE _____
ZIP CODE _____
TELEPHONE _____

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Due Date	Check Number	Date	Amount	Month Ending	Due Date	Check Number	Date	Amount
1/31	2/15				7/31	8/15			
2/28	3/15				8/31	9/15			
3/31	4/15				9/30	10/15			
or 1st qtr	4/15				or 3rd qtr	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			
or 2nd qtr	7/15				or 4th qtr	1/15			