

CITY OF CAMBRIDGE

INCOME TAX DEPARTMENT

1131 Steubenville Avenue
Cambridge, Ohio 43725-2596

IMPORTANT

**2009 EMPLOYER'S MONTHLY
RETURNS OF TAX WITHHELD**

ACCT#

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

The Rate for 2009 is 1.5% (.015)

**PLEASE DO NOT DESTROY –
IMPORTANT TAX FORMS**

(NOTE: Tax rate change to 1.5% effective 1/1/03)

Dear Employer:

This is your 2009 Employer's Monthly Return of Tax Withheld package. Included are twelve monthly forms for your filing requirements. We have also included the Employer Reconciliation of Income Tax Withheld for 2009. **This is the only time these forms will be sent. They will not be sent each month. Please keep for further payments.**

If you have any questions regarding the below forms, please contact us at 1131 Steubenville Avenue, Cambridge, Ohio 43725-2596. If you wish to contact by telephone, our number is (740) 439-2355, or fax (740) 435-0496. These forms are also available on-line at www.cambridgeoh.org, click on the Treasurer's Office link.

Sincerely,

INCOME TAX ADMINISTRATOR

WITHHOLDING TAX WORKSHEET

(Keep for your records – Do not file)

<u>Month Ending</u>	<u>Due Date</u>	<u>Check #</u>	<u>Date</u>	<u>Amount</u>
1/31	2/28	_____	_____	_____
2/29	3/31	_____	_____	_____
3/31	4/30	_____	_____	_____
or 1st qtr	4/30	_____	_____	_____
4/30	5/31	_____	_____	_____
5/31	6/30	_____	_____	_____
6/30	7/31	_____	_____	_____
or 2nd qtr	7/31	_____	_____	_____

WITHHOLDING TAX WORKSHEET

(Keep for your records – Do not file)

<u>Month Ending</u>	<u>Due Date</u>	<u>Check #</u>	<u>Date</u>	<u>Amount</u>
7/31	8/31	_____	_____	_____
8/31	9/30	_____	_____	_____
9/30	10/31	_____	_____	_____
or 3rd qtr	10/31	_____	_____	_____
10/31	11/30	_____	_____	_____
11/30	12/31	_____	_____	_____
12/31	1/31	_____	_____	_____
or 4th qtr	1/31	_____	_____	_____