

CITY OF CAMBRIDGE
INCOME TAX DEPARTMENT
1131 Steubenville Avenue
Cambridge, Ohio 43725-2596

IMPORTANT

**2010 EMPLOYER'S QUARTERLY
RETURNS OF TAX WITHHELD**

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

The Rate for 2010 is 2.0% (.02)

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

(NOTE: Tax rate change to 2.0% effective 1/1/2010)

Dear Employer:

This is your 2010 Employer's Quarterly Return of Tax Withheld package. Included are four quarterly forms for your filing requirements. We have also included the Employer Reconciliation of Income Tax Withheld for 2010. **This is the only time these forms will be sent. They will not be sent each quarter. 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

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
1131 Steubenville Avenue
Cambridge, Ohio 43725-2596
Phone (740) 439-2355

2010

FOR THE PERIOD ENDING
JAN, FEB, MAR

DUE ON OR BEFORE
APRIL 30, 2010

FID # _____ PHONE # _____

- 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 \$ _____

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

_____/_____/_____
Signature Date

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
1131 Steubenville Avenue
Cambridge, Ohio 43725-2596
Phone (740) 439-2355

2010

FOR THE PERIOD ENDING
APR, MAY, JUN

DUE ON OR BEFORE
JULY 31, 2010

FID # _____ PHONE # _____

- 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 \$ _____

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

_____/_____/_____
Signature Date

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
1131 Steubenville Avenue
Cambridge, Ohio 43725-2596
Phone (740) 439-2355

2010

FOR THE PERIOD ENDING
JUL, AUG, SEP

DUE ON OR BEFORE
OCTOBER 31, 2010

FID # _____ PHONE # _____

- 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 \$ _____

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

_____/_____/_____
Signature Date

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
1131 Steubenville Avenue
Cambridge, Ohio 43725-2596
Phone (740) 439-2355

2010

FOR THE PERIOD ENDING
OCT, NOV, DEC

DUE ON OR BEFORE
JANUARY 31, 2011

FID # _____ PHONE # _____

- 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 \$ _____

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

_____/_____/_____
Signature Date

EMPLOYER'S RECONCILIATION OF TAX WITHHELD – CITY OF CAMBRIDGE, INCOME TAX DEPARTMENT

Form W-3

1131 Steubenville Avenue • Cambridge, Ohio 43725-2596 • (740) 439-2355

Income Tax Withheld for the year 2010

- 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) \$ _____

PAYMENT SUMMARY

- First quarter ending March 31 \$ _____
- Second quarter ending June 30 \$ _____
- Third quarter ending September 30 \$ _____
- Fourth quarter ending Dec. 31 \$ _____
- 5. Total remitted for the year \$ _____
- 6. Overpayment \$ _____ or additional tax due \$ _____

No Taxes or Refunds of less than \$1.00 shall be collected or refunded

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

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

If additional tax is due, enclose payment with return

Submitted by: _____

Official Title: _____

Date: / /

Phone #

QUARTERLY WITHHOLDING TAX WORKSHEET

(Keep for your records – Do not file)

<u>Quarter Ending</u>	<u>Due Date</u>	<u>Check #</u>	<u>Date</u>	<u>Amount</u>
3/31	4/30	_____	_____	_____
6/30	7/31	_____	_____	_____
9/30	10/31	_____	_____	_____
12/31	1/31	_____	_____	_____