

North College Hill, Ohio

1500 w. galbraith road
cincinnati, ohio 45231
phone 513-931-1159
fax 513-521-1596

www.northcollegehill.org

TAX YEAR
DUE BY:

FED. ID. # _____

NAME OF PERSON
COMPLETING FORM _____

LOCAL TELEPHONE # _____

NUMBER OF EMPLOYEES LISTED _____

TAX RATE 1.5% – NO CREDIT FOR
OTHER LOCAL TAX

INSTRUCTIONS

1. Attach check payable to City of North College Hill, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

4. Complete W-2(s) and all 1099(s) must be attached to this reconciliation. Deferred wages are taxable in the year earned. For city purposes the wages found in the Medicare or Local wage box of the W-2 are taxable.

ENTER PAYROLL BY MONTHLY TOTALS

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March (1st Qtr)	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June (2nd Qtr)	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September (3rd Qtr)	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December (4th Qtr)	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

Total Remittance Made _____

NOTE: EFFECTIVE 01/01/2006 NO CREDIT IS ALLOWED
FOR OTHER LOCAL TAX PAID.

Difference
(If over \$1.00, explain) _____

NOTES FROM EMPLOYER:

