

City of Ravenna
Division of Taxation
P.O Box 1215
Ravenna, OH 44266

www.ci.ravenna.oh.us

IMPORTANT TAX INFORMATION

EMPLOYER'S MUNICIPAL WITHHOLDING BOOKLET

W-3 2010 RECONCILIATION

W-1 2010 WITHHOLDING RETURNS

PLEASE USE THESE LABELS
TO RETURN YOUR MONTHLY
WITHHOLDING PAYMENTS TO
THE CITY.

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215



CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

PLEASE USE THESE LABELS
TO RETURN YOUR MONTHLY
WITHHOLDING PAYMENTS TO
THE CITY.

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215



CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

CITY OF RAVENNA
DIVISION OF TAXATION
PO BOX 1215
RAVENNA OH 44266-1215

GENERAL INFORMATION

Each employer within or doing business within the City of Ravenna who employs one or more persons is required to withhold the tax of 2% from all compensation paid to employees at the time the compensation is paid, and file form W1 and remit the tax to the Ravenna Tax Office, PO Box 1215 Ravenna, Ohio 44266.

Monthly: All returns and payments are due on or before the end of each month for the amount withheld during the preceding month.

Quarterly: All returns and payments are due on or before the end of the month following each calendar quarter.

Withholding payments must be less than \$200.00 a month to be eligible for quarterly filing.

Delinquent payments shall be subject to penalty at 3% per month and interest at .50% per month, if not filed by due date.

The failure of any employer to receive or procure Form W-1 shall not excuse him/her from making this return or from remitting the tax withheld.

How to prepare this form:

- Line 1 - Enter total compensation Paid to all taxable employees during the period for which return is made. If no compensation was paid during the period so indicate and return W-1.
- Line 2 - Compute Tax due. (2% times Payroll).
- Line 3 - Show any adjustments to tax due; e.g. additional tax withheld at employee request, 2nd city payment, etc.
- Line 4 - Enter amount remitted.
- Line 5 - Show total number of employees for the reporting period.

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD			Return with Payment
1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)	I hereby certify that the information and statements contained herein are true and correct. (Signed) _____ (Official Title) _____ Date _____ Phone # _____ Federal ID No. _____
2. Ravenna Tax (2%)	\$ _____		
3. Adjustment*	\$ _____		
4. Amount Remitted	\$ _____	Is this a courtesy withholding <input type="checkbox"/> YES Is this a final return <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation	
5. No. of Employees this period	_____		
* If adjusted, provide explanation			
NAME AND ADDRESS			
FOR THE PERIOD ENDING JANUARY 2010 DUE ON OR BEFORE FEBRUARY 28, 2010			THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF RAVENNA MAIL TO: RAVENNA TAX OFFICE PO BOX 1215 RAVENNA, OHIO 44266 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD			Return with Payment
1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)	I hereby certify that the information and statements contained herein are true and correct. (Signed) _____ (Official Title) _____ Date _____ Phone # _____ Federal ID No. _____
2. Ravenna Tax (2%)	\$ _____		
3. Adjustment*	\$ _____		
4. Amount Remitted	\$ _____	Is this a courtesy withholding <input type="checkbox"/> YES Is this a final return <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation	
5. No. of Employees this period	_____		
* If adjusted, provide explanation			
NAME AND ADDRESS			
FOR THE PERIOD ENDING FEBRUARY 2010 DUE ON OR BEFORE MARCH 31, 2010			THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF RAVENNA MAIL TO: RAVENNA TAX OFFICE PO BOX 1215 RAVENNA, OHIO 44266 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

Return with Payment

1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)
2. Ravenna Tax (2%)	\$ _____	
3. Adjustment*	\$ _____	
4. Amount Remitted	\$ _____	
5. No. of Employees this period	_____	

* If adjusted, provide explanation

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 contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Phone # _____

Federal ID No. _____

NAME AND ADDRESS

FOR THE PERIOD ENDING
MARCH 2010

DUE ON OR BEFORE
APRIL 30, 2010

THIS RETURN MUST BE FILED
 ON OR BEFORE THE DUE DATE SHOWN BELOW
 MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF RAVENNA

MAIL TO:
RAVENNA TAX OFFICE
 PO BOX1215
 RAVENNA, OHIO 44266
 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

Return with Payment

1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)
2. Ravenna Tax (2%)	\$ _____	
3. Adjustment*	\$ _____	
4. Amount Remitted	\$ _____	
5. No. of Employees this period	_____	

* If adjusted, provide explanation

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 contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Phone # _____

Federal ID No. _____

NAME AND ADDRESS

FOR THE PERIOD ENDING
APRIL 2010

DUE ON OR BEFORE
MAY 31, 2010

THIS RETURN MUST BE FILED
 ON OR BEFORE THE DUE DATE SHOWN BELOW
 MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF RAVENNA

MAIL TO:
RAVENNA TAX OFFICE
 PO BOX1215
 RAVENNA, OHIO 44266
 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

Return with Payment

1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)
2. Ravenna Tax (2%)	\$ _____	
3. Adjustment*	\$ _____	
4. Amount Remitted	\$ _____	
5. No. of Employees this period	_____	

* If adjusted, provide explanation

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 contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Phone # _____

Federal ID No. _____

NAME AND ADDRESS

FOR THE PERIOD ENDING
MAY 2010

DUE ON OR BEFORE
JUNE 30, 2010

THIS RETURN MUST BE FILED
 ON OR BEFORE THE DUE DATE SHOWN BELOW
 MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF RAVENNA

MAIL TO:
RAVENNA TAX OFFICE
 PO BOX1215
 RAVENNA, OHIO 44266
 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

Return with Payment

1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)
2. Ravenna Tax (2%)	\$ _____	
3. Adjustment*	\$ _____	
4. Amount Remitted	\$ _____	
5. No. of Employees this period	_____	

* If adjusted, provide explanation

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 contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Phone # _____

Federal ID No. _____

NAME AND ADDRESS

FOR THE PERIOD ENDING
JUNE 2010

DUE ON OR BEFORE
JULY 31, 2010

THIS RETURN MUST BE FILED
 ON OR BEFORE THE DUE DATE SHOWN BELOW
 MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF RAVENNA

MAIL TO:
RAVENNA TAX OFFICE
 PO BOX1215
 RAVENNA, OHIO 44266
 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

Return with Payment

1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)
2. Ravenna Tax (2%)	\$ _____	
3. Adjustment*	\$ _____	
4. Amount Remitted	\$ _____	
5. No. of Employees this period	_____	

* If adjusted, provide explanation

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 contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Phone # _____

Federal ID No. _____

NAME AND ADDRESS

FOR THE PERIOD ENDING
JULY 2010

DUE ON OR BEFORE
AUGUST 31, 2010

THIS RETURN MUST BE FILED
 ON OR BEFORE THE DUE DATE SHOWN BELOW
 MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF RAVENNA

MAIL TO:
RAVENNA TAX OFFICE
 PO BOX1215
 RAVENNA, OHIO 44266
 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

Return with Payment

1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)
2. Ravenna Tax (2%)	\$ _____	
3. Adjustment*	\$ _____	
4. Amount Remitted	\$ _____	
5. No. of Employees this period	_____	

* If adjusted, provide explanation

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 contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Phone # _____

Federal ID No. _____

NAME AND ADDRESS

FOR THE PERIOD ENDING
AUGUST 2010

DUE ON OR BEFORE
SEPTEMBER 30, 2010

THIS RETURN MUST BE FILED
 ON OR BEFORE THE DUE DATE SHOWN BELOW
 MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF RAVENNA

MAIL TO:
RAVENNA TAX OFFICE
 PO BOX1215
 RAVENNA, OHIO 44266
 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

Return with Payment

1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)
2. Ravenna Tax (2%)	\$ _____	
3. Adjustment*	\$ _____	
4. Amount Remitted	\$ _____	
5. No. of Employees this period	_____	

* If adjusted, provide explanation

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 contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Phone # _____

Federal ID No. _____

NAME AND ADDRESS

FOR THE PERIOD ENDING
SEPTEMBER 2010

DUE ON OR BEFORE
OCTOBER 31, 2010

THIS RETURN MUST BE FILED
 ON OR BEFORE THE DUE DATE SHOWN BELOW
 MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF RAVENNA

MAIL TO:
RAVENNA TAX OFFICE
 PO BOX 1215
 RAVENNA, OHIO 44266
 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

Return with Payment

1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)
2. Ravenna Tax (2%)	\$ _____	
3. Adjustment*	\$ _____	
4. Amount Remitted	\$ _____	
5. No. of Employees this period	_____	

* If adjusted, provide explanation

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 contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Phone # _____

Federal ID No. _____

NAME AND ADDRESS

FOR THE PERIOD ENDING
OCTOBER 2010

DUE ON OR BEFORE
NOVEMBER 30, 2010

THIS RETURN MUST BE FILED
 ON OR BEFORE THE DUE DATE SHOWN BELOW
 MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF RAVENNA

MAIL TO:
RAVENNA TAX OFFICE
 PO BOX 1215
 RAVENNA, OHIO 44266
 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

CITY OF RAVENNA OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

Return with Payment

1. Payroll this period	\$ _____	<input type="checkbox"/> AMENDED (Attach Explanation)
2. Ravenna Tax (2%)	\$ _____	
3. Adjustment*	\$ _____	
4. Amount Remitted	\$ _____	
5. No. of Employees this period	_____	

* If adjusted, provide explanation

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 contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Phone # _____

Federal ID No. _____

NAME AND ADDRESS

FOR THE PERIOD ENDING
NOVEMBER 2010

DUE ON OR BEFORE
DECEMBER 31, 2010

THIS RETURN MUST BE FILED
 ON OR BEFORE THE DUE DATE SHOWN BELOW
 MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF RAVENNA

MAIL TO:
RAVENNA TAX OFFICE
 PO BOX 1215
 RAVENNA, OHIO 44266
 TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

1. Payroll this period \$ _____ AMENDED
(Attach Explanation)

2. Ravenna Tax (2%) \$ _____

3. Adjustment* \$ _____

4. Amount Remitted \$ _____ Is this a courtesy withholding YES

5. No. of Employees this period _____ Is this a final return YES NO
* If adjusted, provide explanation If yes, attach explanation

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

(Signed) _____

(Official Title) _____ Date _____

Phone # _____

Federal ID No. _____

NAME AND ADDRESS

FOR THE PERIOD ENDING
DECEMBER 2010

DUE ON OR BEFORE
JANUARY 31, 2011

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF RAVENNA

MAIL TO:
RAVENNA TAX OFFICE
PO BOX 1215
RAVENNA, OHIO 44266
TELEPHONE (330) 297-7817

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

FORM W1

RECONCILIATION INSTRUCTIONS

The original of this reconciliation form must be filed on or before January 31, with the City of Ravenna Income Tax Division, PO Box 1215, Ravenna, Ohio 44266, unless written request for extension has been made to and granted (in writing) by the Tax Administrator. This return must be accompanied by copies of employees' wage statements (Form W-2) or tabulation listing showing:

1. Name and address of employee
2. Social Security Number
3. Gross Earnings
4. Amount of Tax Withheld for Ravenna
5. Account Number - Name and Address of Withholding Agent.

The City of Ravenna is encouraging all employers with more than 25 employees to submit their W-2 forms electronically. Information must be in the MMREF format (the same as the Social Security Administration) with some information added for municipal reporting. The magnetic media specs are available on our web site at: www.ci.ravenna.oh.us

Discrepancy between wages and withholding must be accompanied by written explanation per W2.

CITY OF **RAVENNA** WITHHOLDING TAX RECONCILIATION
SUBMIT BY JANUARY 31. W-2'S MUST BE ATTACHED

FOR TAX YEAR ENDING **2010**
Phone (330) 297-7817

1) Total number of W-2's attached _____

2) Total payroll for year \$ _____

3) Less payroll not subject to tax \$ _____

4) Payroll subject to tax \$ _____

5) Withholding tax liability @ 2% of line 4 \$ _____

JANUARY	APRIL	JULY	OCTOBER
\$ _____	\$ _____	\$ _____	\$ _____
FEBRUARY	MAY	AUGUST	NOVEMBER
\$ _____	\$ _____	\$ _____	\$ _____
MARCH	JUNE	SEPTEMBER	DECEMBER
\$ _____	\$ _____	\$ _____	\$ _____
1 ST QUARTER	2 ND QUARTER	3 RD QUARTER	4 TH QUARTER
\$ _____	\$ _____	\$ _____	\$ _____
6. Total Paid for year		\$ _____	

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

Signed _____ Title _____

Fed. ID No. _____ Phone # _____

MAIL TO: RAVENNA TAX OFFICE
PO BOX 1215
RAVENNA, OH 44266

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	_____	_____	_____
2/28	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	_____	_____	_____