

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

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**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 \$ \_\_\_\_\_  **AMENDED**  
(Attach Explanation)

2. Ravenna Tax (2%) \$ \_\_\_\_\_

3. Adjustment\* \$ \_\_\_\_\_

4. Amount Remitted \$ \_\_\_\_\_ Is this a courtesy withholding  YES  
Is this a final return  YES  NO  
If yes, attach explanation

5. No. of Employees this period \_\_\_\_\_  
\* If adjusted, provide 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  
**JAN THRU MAR, 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 \$ \_\_\_\_\_  **AMENDED**  
(Attach Explanation)

2. Ravenna Tax (2%) \$ \_\_\_\_\_

3. Adjustment\* \$ \_\_\_\_\_

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Is this a final return  YES  NO  
If yes, attach explanation

5. No. of Employees this period \_\_\_\_\_  
\* If adjusted, provide 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  
**APR THRU JUN, 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

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FORM W1

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

**Return with Payment**

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(Attach Explanation)

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Is this a final return  YES  NO  
If yes, attach explanation

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\* If adjusted, provide explanation

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(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

Federal ID No. \_\_\_\_\_

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JUL THRU SEP, 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 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

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

2. Ravenna Tax (2%) \$ \_\_\_\_\_

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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  
**OCT THRU DEC, 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

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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](http://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 **2009**  
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 <sup>ST</sup> QUARTER	2 <sup>ND</sup> QUARTER	3 <sup>RD</sup> QUARTER	4 <sup>TH</sup> 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	_____	_____	_____