

**EMPLOYERS QUARTERLY/MONTHLY TAX WITHHELD**

**20** \_\_\_\_\_

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

- 1. Taxable earning paid all Employees subject to Scio, Ohio Village Income Tax. \$ \_\_\_\_\_ (Signed) \_\_\_\_\_
- 2. Actual Tax Withheld in period for Village Income tax. \$ \_\_\_\_\_ (Title) \_\_\_\_\_ Date \_\_\_\_\_
- 3. Adjustment of tax for prior period \$ \_\_\_\_\_
- 4. Total remitted (1% of gross wages) \$ \_\_\_\_\_

**MAKE CHECK OF MONEY ORDER PAYABLE TO:  
VILLAGE OF SCIO INCOME TAX DEPT.  
P O BOX 308  
SCIO, OHIO 43988**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FEIN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**QUARTERLY FILERS:**

- \_\_\_\_\_ 1<sup>ST</sup> QUARTER DUE BY APRIL 15
- \_\_\_\_\_ 2<sup>ND</sup> QUARTER DUE BY JULY 15
- \_\_\_\_\_ 3<sup>RD</sup> QUARTER DUE BY OCTOBER 15
- \_\_\_\_\_ 4<sup>TH</sup> QUARTER DUE BY JANUARY 15

**MONTHLY FILERS:**

- |  |   |                                     |
|--|---|-------------------------------------|
| <b>If your business remits more than \$2,399.00 in previous calendar year or more than \$200. 00 in any month of the previous quarter, your W1 returns and payments shall be made on a monthly basis and are due the 15<sup>th</sup> day after the end of the month in which you are filing.</b> | _____ <b>January due by February 15</b> | _____ <b>July due by August 15</b>  |
|  | _____ <b>February due by March 15</b>   | _____ <b>August due by Sept. 15</b> |
|  | _____ <b>March due by April 15</b>      | _____ <b>Sept due by Oct 15</b>     |
|  | _____ <b>April due by May 15</b>        | _____ <b>Oct. due by Nov. 15</b>    |
|  | _____ <b>May due by June 15</b>         | _____ <b>Nov. due by Dec. 15</b>    |
|  | _____ <b>June due by July 15</b>        | _____ <b>Dec. due by Jan. 15</b>    |

**INSTRUCTIONS FOR PREPARING AND FILING THIS FORM  
EMPLOYER'S RETURN OF TAX WITHHELD**

**WHO MUST FILE:**

Each employer within the Village of Scio, Ohio who employs one or more persons is required to withhold the tax of one percent (1%) from all compensation paid taxable employees at the time such compensation is paid and to file this form and remit tax to the Village of Scio, Income Tax Dept. on or before the last day of the month following the end of the quarterly period in which the withhold deduction was made.

**FAILURE TO FILE AND PAY TAX**

Any taxpayer who shall fail or refuse to make any return or declaration required by the Ordinance, or any taxpayer who shall refuse to permit the Income Tax Administration to examine his books, or who shall knowingly make any incomplete, false or fraudulent return, or who shall attempt to avoid the payment of such tax, shall be guilty of a misdemeanor and shall be fined not more than \$1,000.00 and incarcerated not more than 6 months. The failure of any taxpayer to receive a return or declaration form shall not excuse him from making a return or declaration or from paying the tax.

**HOW TO PREPARE THIS FORM:**

- Line 1. Enter total compensation paid all taxable employees during quarter for which return is made. If no compensation was paid during the quarter, so indicate and return the form.
- Line 2. Enter total ACTUAL, tax withheld from taxable employees during the quarter for Village of Scio Income tax.
- Line 3. To adjust current payment of actual tax withheld for underpayment or overpayment in a previous quarter.

**PENALTY FOR FAILURE TO REMIT WITHHELD TAXES:**

- Late filing \$25.00 per month (or fraction thereof) up to \$150.00.
- Unpaid income tax and unpaid estimated income tax, a penalty equal to fifteen percent (15%) of the amount not timely paid.
- Unpaid withholding tax, a penalty equal to fifty percent (50%) of the amount not timely paid.

**VILLAGE OF SCIO INCOME TAX DEPT.  
P O BOX 308  
SCIO, OHIO 43988**

**EMPLOYER RECONCILIATION OF TAX WITHHELD  
FOR TAX YEAR \_\_\_\_\_**

**Name:** \_\_\_\_\_

**Tax Withheld & Remittances made:**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> Qtr. \_\_\_\_\_

2<sup>nd</sup> Qtr. \_\_\_\_\_

3<sup>rd</sup> Qtr. \_\_\_\_\_

4<sup>th</sup> Qtr. \_\_\_\_\_

**TOTAL WITHHELD** \_\_\_\_\_

**Federal ID:** \_\_\_\_\_

**TOTAL REMITTED** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**ADJUSTMENTS OR DIFFERENCES:**  
(explain) \_\_\_\_\_

**Number of employees:** \_\_\_\_\_

**Number of W-2's attached:** \_\_\_\_\_

**Please attach all W-2 forms or complete the following list:**

<b>Employee Name &amp; Social Security #</b>	<b>Address</b>	<b>Gross Earnings (Line 5 of W-2)</b>	<b>Scio Tax withheld</b>
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**Signature of Person completing this form:** \_\_\_\_\_