

|   |   |  |  |
|---|---|--|--|
| 1. Number of Taxable Employees. ....  | 1 |  |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |  |
| 3. Taxable Earnings (from line 2). ....   | 3 |  |  |
| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |  |
| 6. Interest add .50% per month. ....  | 6 |  |  |
| 7. Penalty add 50% per month. ....  | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |  |

**Tax Year 2019**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 15, 2019**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF MONROE  
 INCOME TAX  
 PO BOX 629  
 MONROE OH 45050  
 Voice 513-539-7374 Fax 513-539-6209

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending JANUARY

TAX ID \_\_\_\_\_

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

**INSTRUCTIONS:**

Employers have a legal duty to withhold and remit city tax to the municipalities in which their employees work. Employees may also have a liability to the municipality in which they reside. Form OW-1 provides for reporting and remitting the tax due to the city of employment and, if applicable, any additional tax due to the employee's city of residence.

Effective January 1, 2016, employers must withhold and remit payroll withholding tax on qualifying wages as defined in Monroe Municipal Income Tax Ordinance 2015-40 Section 887.03(34) or Ohio Revised Code Section 718.01(R), unless specifically exempted under Ordinance Sections 887.051 and 887.052.

**TAX RATE:** The City of Monroe's income tax rate is 2.00%.

**WITHHOLDING REMITTANCE FREQUENCY:** Monthly remittance is required if your prior calendar year withholding exceeded \$2,399.00 or any month of the current year's preceding quarter exceeds \$200. All others may remit quarterly.

**WITHHOLDING REMITTANCE DUE DATE:** Due dates are as stated above. Remittances postmarked by the respective due dates will be considered timely filed and paid.

**LATE FILING PENALTY:** The late filing penalty charge is \$25.00 per month up to a maximum of \$150.00.

**UNDERPAYMENT PENALTY:** The underpayment penalty charge for late payment of the tax is 50% of the unpaid tax.

**INTEREST:** All taxes due to the City remaining unpaid after they become due are subject to interest at the rate of 0.50% per month.

**Penalty and interest apply to any unpaid employee withholdings and is not eligible for abatement.**

FORM W1 1229

EMPLOYER'S WITHHOLDING - MONTHLY

|   |   |  |
|---|---|--|
| 1. Number of Taxable Employees. ....  | 1 |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |
| 3. Taxable Earnings (from line 2). ....   | 3 |  |
| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. Interest add .50% per month. ....  | 6 |  |
| 7. Penalty add 50% per month. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE MARCH 15, 2019**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050  
Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending FEBRUARY

TAX ID

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

FORM W1 1229

EMPLOYER'S WITHHOLDING - MONTHLY

|   |   |  |
|---|---|--|
| 1. Number of Taxable Employees. ....  | 1 |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |
| 3. Taxable Earnings (from line 2). ....   | 3 |  |
| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. Interest add .50% per month. ....  | 6 |  |
| 7. Penalty add 50% per month. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2019**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050  
Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending MARCH

TAX ID

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

FORM W1 1229

EMPLOYER'S WITHHOLDING - MONTHLY

|   |   |  |
|---|---|--|
| 1. Number of Taxable Employees. ....  | 1 |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |
| 3. Taxable Earnings (from line 2). ....   | 3 |  |
| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. Interest add .50% per month. ....  | 6 |  |
| 7. Penalty add 50% per month. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

Tax Year 2019

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE MAY 15, 2019**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050  
Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending APRIL

TAX ID

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

|   |   |  |
|---|---|--|
| 1. Number of Taxable Employees. ....  | 1 |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |
| 3. Taxable Earnings (from line 2). ....   | 3 |  |
| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. Interest add .50% per month. ....  | 6 |  |
| 7. Penalty add 50% per month. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

**Tax Year 2019**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE JUNE 17, 2019**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050  
Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending MAY

TAX ID

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

|   |   |  |
|---|---|--|
| 1. Number of Taxable Employees. ....  | 1 |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |
| 3. Taxable Earnings (from line 2). ....   | 3 |  |
| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. Interest add .50% per month. ....  | 6 |  |
| 7. Penalty add 50% per month. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

**Tax Year 2019**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE JULY 15, 2019**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050  
Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending JUNE

TAX ID

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

|   |   |  |
|---|---|--|
| 1. Number of Taxable Employees. ....  | 1 |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |
| 3. Taxable Earnings (from line 2). ....   | 3 |  |
| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. Interest add .50% per month. ....  | 6 |  |
| 7. Penalty add 50% per month. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

**Tax Year 2019**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2019**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050  
Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending JULY

TAX ID

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

|   |   |  |
|---|---|--|
| 1. Number of Taxable Employees. ....  | 1 |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |
| 3. Taxable Earnings (from line 2). ....   | 3 |  |
| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. Interest add .50% per month. ....  | 6 |  |
| 7. Penalty add 50% per month. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

**Tax Year 2019**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 16, 2019**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050

Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending AUGUST

TAX ID

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

|   |   |  |
|---|---|--|
| 1. Number of Taxable Employees. ....  | 1 |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |
| 3. Taxable Earnings (from line 2). ....   | 3 |  |
| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. Interest add .50% per month. ....  | 6 |  |
| 7. Penalty add 50% per month. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

**Tax Year 2019**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2019**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050

Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending SEPTEMBER

TAX ID

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

|   |   |  |
|---|---|--|
| 1. Number of Taxable Employees. ....  | 1 |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |
| 3. Taxable Earnings (from line 2). ....   | 3 |  |
| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |
| 6. Interest add .50% per month. ....  | 6 |  |
| 7. Penalty add 50% per month. ....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |

**Tax Year 2019**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE NOVEMBER 15, 2019**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050

Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending OCTOBER

TAX ID

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

|   |   |  |  |
|---|---|--|--|
| 1. Number of Taxable Employees. ....  | 1 |  |  |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. .... | 2 |  |  |
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| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |  |
| 6. Interest add .50% per month. ....  | 6 |  |  |
| 7. Penalty add 50% per month. ....  | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |  |

**Tax Year 2019**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 16, 2019**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050

Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending NOVEMBER

TAX ID

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

|   |   |  |  |
|---|---|--|--|
| 1. Number of Taxable Employees. ....  | 1 |  |  |
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| 4. Actual Tax Withheld at 2.00 %. ....  | 4 |  |  |
| 5. Adjustments of Tax for Prior Period. ....  | 5 |  |  |
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| 7. Penalty add 50% per month. ....  | 7 |  |  |
| 8. Total (Include Interest and Penalty if Due). ....                                  | 8 |  |  |

**Tax Year 2019**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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

**THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2020**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF MONROE  
INCOME TAX  
PO BOX 629  
MONROE OH 45050

Voice 513-539-7374 Fax 513-539-6209

Name

And

Address

Period Ending DECEMBER

TAX ID

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