

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 2020

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, 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 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 2020

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, 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 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	
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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 2020

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, 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 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 2020

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, 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 APRIL

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 2020

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, 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 MAY

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 2020

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, 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 JUNE

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 2020

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, 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 JULY

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 2020

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, 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 AUGUST

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 2020

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, 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 SEPTEMBER

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	
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6. Interest add .50% per month.	6	
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8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2020

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, 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 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		
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		

Name _____

And _____

Address _____

Tax Year 2020
 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, 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

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		
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		

Name _____

And _____

Address _____

Tax Year 2020
 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, 2021**

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

Period Ending **DECEMBER**

TAX ID _____

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