

All employers located within or doing business in the City of Monroe are required to withhold and remit to the City the tax of 1.5% on the qualifying wages as defined in IRS Code Section 3121 (a), generally the Medicare Box of the W-2. Medicare exempt employees are subject to requirements for qualifying wages.

The withholding payments are either submitted monthly (if over \$200 per month) or quarterly to the Tax Office. The due dates for monthly withholding payments are the 15th of each month following the month of collections or for quarterly withholding payments the due dates are the last day of April, July, October and January. Penalty and interest apply to any unpaid employee withholdings as is not eligible for abatement.

The penalty for underpaid/unpaid employee withholding is 50% of the withholding amount, plus interest.

An Annual Reconciliation, along with copies of W-2's, is due by February 28 of the following year. If you have over 50 W-2's, that information must be transmitted electronically on a disk or thumb drive in the EFW2 format (same as social security with complete address for each employee). **Reconciliation must show amount withheld or should have been withheld for every other municipal corporation.**

Late/non-filed reconciliations are subject to a monthly penalty of \$25.00

Employers who conduct no business activity within the City of Monroe may choose to voluntarily withhold the Monroe tax for those employees who reside within the City. This Courtesy withholding for Monroe Residents should be an amount sufficient to bring their total local withholding to 1.5% (credit is given to Monroe residents for local tax paid to other municipalities up to 1.5%)

Forms for monthly/quarterly remitting are available on our website at www.monroehio.org.

W-1's are for monthly quarterly remittance and the W-3 is for the annual return.

CITY OF MONROE
P.O. BOX 629
MONROE, OHIO 45050
513-539-7374 Option 3
tax@monroeohio.org

WITHHOLDING REGISTRATION

NAME OF BUSINESS: _____

SOCIAL SECURITY # OR FEDERAL ID # _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE # _____ FAX # _____

PLEASE CHECK APPROPRIATE DESCRIPTION:

A) WITHHOLDING FOR WORK PERFORMED IN THE CITY OF MONROE

1. PLEASE GIVE JOB LOCATION ADDRESS _____

2. APPROXIMATE TIME ON JOB SITE _____

3. NATURE OF BUSINESS _____

B) WITHHOLDING FOR FOR EMPLOYEE(S) WHO ARE RESIDENTS OF MONROE

_____ 1.5% _____ OTHER

NUMBER OF EMPLOYEES _____

CONTACT PERSON _____ TITLE _____

DATE BEGAN WITHHOLDING _____

SIGNATURE

TITLE

DATE