

CITY OF TALLMADGE INCOME TAX OFFICE  
46 NORTH AVE, P.O. Box 35  
TALLMADGE, OH 44278  
PHONE: 330-633-5599 FAX: 330-633-8835  
[www.tallmadge-ohio.org](http://www.tallmadge-ohio.org)

Account Number \_\_\_\_\_

FEIN # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

MONTHLY/QUARTERLY WITHHOLDING FORM FOR TAX YEAR \_\_\_\_\_

TAXES WITHHELD FOR THE PERIOD CHECKED:

For semi-monthly period \_\_\_\_\_ thru \_\_\_\_\_

1st Quarter (Jan thru March) –Due 4/30

3rd Quarter (July thru Sept) – Due 10/31

Month of January – Due 2/28

Month of July – Due 8/31

Month of February – Due 3/31

Month of August – Due 9/30

Month of March – Due 4/30

Month of September – Due 10/31

2nd Quarter (April thru June) –Due 7/31

4th Quarter (Oct thru Dec) – Due 1/31

Month of April – Due 5/31

Month of October – Due 11/30

Month of May – Due 6/30

Month of November – Due 12/30

Month of June – Due 7/31

Month of December – Due 1/31

1. Number of Taxable Employees \_\_\_\_\_

2. Total Payroll Subject to Withholding \$ \_\_\_\_\_

3. Withholding tax liability (2% of Line 2) \$ \_\_\_\_\_

4. Additional/Courtesy Residency Tax Withheld \$ \_\_\_\_\_

5. Total Amount Paid (Line 3 plus line 4) \$ \_\_\_\_\_

Make Remittance Payable to:  
City of Tallmadge

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make copies as needed.

