

**BRIMFIELD TALLMADGE J.E.D.D.**  
CITY OF TALLMADGE  
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)

**MONTHLY/QUARTERLY WITHHOLDING FORM FOR TAX YEAR 2009**

**ACCT #** \_\_\_\_\_

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

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

**TAXES WITHHELD FOR THE PERIOD CHECKED:**

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

1st Quarter (Jan thru Mar)–Due 4/30

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

Month of January – Due 2/28

Month of February – Due 3/31

Month of March – Due 4/30

Month of July – Due 8/31

Month of August – Due 9/30

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 May – Due 6/30

Month of June – Due 7/31

Month of October – Due 11/30

Month of November – Due 12/30

Month of December – Due 1/31

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

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

3. Withholding tax liability (0.75% of Line 2)  
(Note rate change for 2009) \$ \_\_\_\_\_

4. Total Amount Paid \$ \_\_\_\_\_

Make Remittance Payable to: City of Tallmadge

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

Please make copies as needed.

W-1 Form