



CITY OF ZANESVILLE

DIVISION OF INCOME TAX
401 MARKET STREET
ZANESVILLE, OH 43701-3576

IMPORTANT TAX INFORMATION

EMPLOYER MUNICIPAL WITHHOLDING BOOKLET

FILING FREQUENCY
QUARTERLY

EXAMINE THESE DOCUMENTS

This book contains 12 employer withholding tax Forms BA-12, 1 years end reconciliation Form BA-13

PLEASE CHECK THEM FOR ACCURACY AND COMPLETENESS

REPORT ANY ERRORS

In writing to:

CITY OF ZANESVILLE
INCOME TAX DEPARTMENT
401 MARKET STREET
ZANESVILLE, OH 43701-3576

DO NOT REMOVE THIS COUPON. RETAIN IT AS A PERMANENT RECORD OF YOUR ACCOUNT NUMBER.

Instructions for Preparing & Filing Form BA-12

Who must file:

Each employer within or doing business within the City of Zanesville who employs one or more persons is required to withhold the tax of 1.9% (.019) from all salaries, wages (including vacation and sick pay), commissions, and other compensation before any income is deferred (contributions made by or on behalf of employees to tax deferred plans) and cost of group term life insurance over \$50,000 at the time such compensation is paid and to file Form BA-12 and remit such tax to the tax office on or before the last day of the next month after the monthly or quarterly period in which the withholding was made. If no compensation was paid during a said period, so indicate and explain.

Interest and Penalty:

All taxes required to be withheld by employers and not submitted by the due date are subject to a 3.5% interest and penalty charge for each month they are delinquent.

How to Prepare:

Line 1 - Enter number of taxable employees.

Line 2 - Enter gross taxable compensation paid for all employees for the period for which the return is made. If no compensation was paid during the period so indicate and return BA-12.

Line 3 - Enter actual tax withheld for City of Zanesville at the rate of 1.9%.

Line 4 - Adjust current payment of actual tax withheld for underpayment or overpayment in previous period. Attach explanation.

Line 5 - Enter interest & penalty charge of 3.5% per month for each month delinquent.

Line 6 - Enter total amount to be remitted.

CITY OF ZANESVILLE EMPLOYER'S RETURN OF TAX WITHHELD

RETURN WITH PAYMENT

1. NUMBER OF TAXABLE EMPLOYEES		
2. TAXABLE EARNINGS	\$	
3. ACTUAL TAX WITHHELD AT 1.9% (.019)	\$	
4. ADJUSTMENTS OF TAX FOR PRIOR PERIOD	\$	
5. INTEREST AND PENALTY (3 1/2% PER MONTH)	\$	
6. TOTAL INCLUDING INTEREST AND PENALTY IF DUE	\$	

MAKE CHECKS PAYABLE TO:
ZANESVILLE CITY INCOME TAX
401 MARKET STREET
ZANESVILLE, OH 43701-3576

FOR THE PERIOD ENDING
JAN THRU MAR 2008

DUE ON OR BEFORE
APRIL 30, 2008

I hereby certify that the information and
statements herein are true and correct

SIGNED _____
OFFICIAL TITLE _____
FEDERAL ID NO _____
PHONE NO _____

NOTIFY TAX OFFICE PROMPTLY OF ANY CHANGE IN OWNERSHIP, NAME OR ADDRESS

BA-12

CITY OF ZANESVILLE EMPLOYER'S RETURN OF TAX WITHHELD

RETURN WITH PAYMENT

1. NUMBER OF TAXABLE EMPLOYEES		
2. TAXABLE EARNINGS	\$	
3. ACTUAL TAX WITHHELD AT 1.9% (.019)	\$	
4. ADJUSTMENTS OF TAX FOR PRIOR PERIOD	\$	
5. INTEREST AND PENALTY (3 1/2% PER MONTH)	\$	
6. TOTAL INCLUDING INTEREST AND PENALTY IF DUE	\$	

MAKE CHECKS PAYABLE TO:
ZANESVILLE CITY INCOME TAX
401 MARKET STREET
ZANESVILLE, OH 43701-3576

FOR THE PERIOD ENDING
APR THRU JUN, 2008

DUE ON OR BEFORE
JULY 31, 2008

I hereby certify that the information and
statements herein are true and correct

SIGNED _____
OFFICIAL TITLE _____
FEDERAL ID NO _____
PHONE NO _____

NOTIFY TAX OFFICE PROMPTLY OF ANY CHANGE IN OWNERSHIP, NAME OR ADDRESS

BA-12

CITY OF ZANESVILLE EMPLOYER'S RETURN OF TAX WITHHELD

RETURN WITH PAYMENT

1. NUMBER OF TAXABLE EMPLOYEES		
2. TAXABLE EARNINGS	\$	
3. ACTUAL TAX WITHHELD AT 1.9% (.019)	\$	
4. ADJUSTMENTS OF TAX FOR PRIOR PERIOD	\$	
5. INTEREST AND PENALTY (3 1/2% PER MONTH)	\$	
6. TOTAL INCLUDING INTEREST AND PENALTY IF DUE	\$	

MAKE CHECKS PAYABLE TO:
ZANESVILLE CITY INCOME TAX
401 MARKET STREET
ZANESVILLE, OH 43701-3576

FOR THE PERIOD ENDING
JUL THRU SEPT, 2008

DUE ON OR BEFORE
OCTOBER 31, 2008

I hereby certify that the information and
statements herein are true and correct

SIGNED _____
OFFICIAL TITLE _____
FEDERAL ID NO _____
PHONE NO _____

NOTIFY TAX OFFICE PROMPTLY OF ANY CHANGE IN OWNERSHIP, NAME OR ADDRESS

BA-12

CITY OF ZANESVILLE EMPLOYER'S RETURN OF TAX WITHHELD

RETURN WITH PAYMENT

1. NUMBER OF TAXABLE EMPLOYEES		
2. TAXABLE EARNINGS	\$	
3. ACTUAL TAX WITHHELD AT 1.9% (.019)	\$	
4. ADJUSTMENTS OF TAX FOR PRIOR PERIOD	\$	
5. INTEREST AND PENALTY (3 1/2% PER MONTH)	\$	
6. TOTAL INCLUDING INTEREST AND PENALTY IF DUE	\$	

MAKE CHECKS PAYABLE TO:
 ZANESVILLE CITY INCOME TAX
 401 MARKET STREET
 ZANESVILLE, OH 43701-3576

FOR THE PERIOD ENDING
OCT THRU DEC, 2008

DUE ON OR BEFORE
JANUARY 31, 2009

I hereby certify that the information and
 statements herein are true and correct

SIGNED _____
 OFFICIAL TITLE _____
 FEDERAL ID NO _____
 PHONE NO _____

NOTIFY TAX OFFICE PROMPTLY OF ANY CHANGE IN OWNERSHIP, NAME OR ADDRESS

BA-12

Instructions for Completing Employer's Reconciliation
 Form BA-13

Every employer who is required to prepare Form BA-12 must file Form BA-13 Reconciliation of Tax Withheld. Completing and filing BA-12's does not fulfill your filing requirement. This reconciliation is due on or before February 28, 2009. Copies of all W2's are to be submitted with this form.

- Line 1 - Number of Employees for the year
- Line 2 - Gross wages on all employees
- Line 3 - Tax withheld at 1.9% (.019)
- Line 4 - Amount of interest and penalty paid thru the year
- Line 5 - Total amount due
- Line 6 - Total amount paid through year
- Line 7 - If 5 and 6 are not identical list reason on back - if amount is die send a check with this form - if amount is overpayment indicate either refund or carryover to next year on front of form

CITY OF ZANESVILLE EMPLOYER'S RETURN OF TAX WITHHELD

2008

BA-13

1. TOTAL NUMBER OF TAXABLE EMPLOYEES		
2. TOTAL TAXABLE EARNINGS	\$	
3. ACTUAL TAX WITHHELD AT 1.9% (.019)	\$	
4. INTEREST AND PENALTY PAID	\$	
5. TOTAL AMOUNT DUE	\$	
6. TOTAL AMOUNT PAID TO CITY	\$	
7. ITEMS 5 & 6 SHOULD BE IDENTICAL	\$	
SHOW AMOUNT AND EXPLAIN DISCREPANCY ON REVERSE SIDE		

FEDERAL IDENTIFICATION NO _____
 SIGNATURES _____
 TITLE _____
 PHONE NUMBER _____

DUE ON OR BEFORE
FEBRUARY 28, 2009

A W2 FORM OR EQUIVALENT FOR
 EACH EMPLOYEES MUST ACCOMPANY
 THIS STATEMENT

CHANGE OF EMPLOYER STATUS

Please use this form to report any changes of mailing address, name merger information, or our of business information

FEDERAL EMPLOYER’S I.D. NO.

MAIL TO:

CITY OF ZANESVILLE
INCOME TAX DEPT.
401 MARKET STREET
ZANESVILLE, OH 43701

NEW NAME AND MAILING ADDRESS

BUSINESS NAME	
OWNER’S NAME	
NEW MAILING ADDRESS	
CITY	
STATE	
ZIP CODE	TELEPHONE NUMBER

Withholding Tax Worksheet
(Keep for your records - Do not file)

Month Ending	Due Date	Check #	Date	Amount
1/31	2/29			
2/29	3/31			
3/31	4/30			
or 1st QTR	4/30			
4/30	5/31			
5/31	6/30			
6/30	7/31			
or 2nd qtr	7/31			

Withholding Tax Worksheet
(Keep for your records - Do not file)

Month Ending	Due Date	Check #	Date	Amount
7/31	8/31			
8/31	9/30			
9/30	10/31			
or 3RD QTR	10/31			
10/31	11/30			
11/30	12/31			
12/31	1/31			