



City of Stow
Division of Taxation
P.O. Box 3649
Akron, Ohio 44309
Phone: 330-689-2849
www.stowohio.org

IMPORTANT TAX INFORMATION
2016 EMPLOYER MUNICIPAL WITHHOLDING BOOK

PAYMENTS CAN ALSO BE MADE THROUGH THE OHIO
BUSINESS GATEWAY AT [HTTPS://OHIOBUSINESSGATEWAY.OHIO.GOV](https://ohiobusinessgateway.ohio.gov)

IMPORTANT WITHHOLDING TAX CHANGES EFFECTIVE 1-1-2016

Changes mandated by Ohio Revised Code Chapter 718 (House Bill 5 - Municipal Income Tax Uniformity)

WHO MUST FILE:

1. Each employer located within the City of Stow is required to withhold the tax for all employees age (18) eighteen or older.
2. Before beginning work within the city, each NON RESIDENT EMPLOYER doing business in the city must register with the city income tax department, to determine their filing requirement.

DEPOSIT REQUIREMENTS:

MONTHLY - Employers must remit monthly if withholding in the previous calendar year exceeded \$2,399 or if the amount required to be withheld during any month of the previous calendar quarter exceeded \$200.

QUARTERLY - Employers can remit quarterly if their withholdings are under the thresholds described for monthly filers.

WITHHOLDING DUE DATES

Monthly and Quarterly returns and payment must be received no later than the 15th of the month following the end of the reporting period.

RECONCILIATION DUE DATE - The reconciliation due date is the last day of February.

INTEREST AND PENALTIES

Interest - 5% per annum (0.42% per month or fraction of a month). Interest is based on the Federal rate and may change annually.

Late Payment Penalty - 50% of the unpaid tax due.

Late File Penalty - \$25.00 per month or fraction of a month with a maximum of \$150.

INSTRUCTIONS FOR PREPARING AND FILING FORM SW-1

WHO MUST FILE:

Every business entity which conducts business within the corporate limits of the City of Stow, regardless of where that entity is located, is required to withhold tax from all compensated employees at the time or times such compensation is paid, or in the case of any type of deferred compensation, when such compensation is earned.

Definition of "Taxable Earnings"

The term "Taxable Earnings" has the same meaning as "Qualifying Wages" as defined in ORC 718.03(A). For most employees this is the "Medicare Wage" amount. If the employee is not subject to Medicare withholding, the provisions in ORC 718.03(A) apply.

Definition of "Employer"

The term "employer" means an individual, co-partnership, association, corporation (including a corporation of the first or non-profit class), governmental administration, agency, arm, authority, board, body, branch, bureau, department, division, section, unit, or any other entity, who or that employs one or more persons on a salary, wage, commission, or other compensation basis, whether or not such employer is engaged in business as defined in the Ordinance and in the Regulations.

Interest and Penalties:

All taxes required to be withheld by employers and remaining unpaid after they become due shall bear interest at the rate of 5% per annum (0.42% per month or fraction thereof). The interest rate is based on the Federal rate and may change each year. In addition, employers required to withhold taxes from employees, shall also be subject to a late paid penalty of 50% of the unpaid tax and a late file penalty of \$25 per month or fraction thereof with a maximum of \$150.

Failure to File Return and Pay Tax

Any individual, firm or corporation who fails, neglects or refuses to file a return, who refuses to pay the tax, penalties and interest imposed, who refuses to permit the Tax Administrator or any duly authorized agent or employee to examine his books, records and papers, who knowingly makes an incomplete, false or fraudulent return, or who attempts to do anything to avoid payment of the whole or any part of the tax shall be guilty of a first degree misdemeanor and shall be fined not more than \$1,000 or imprisoned for not more than 6 months, or both, for each offense. The failure of any taxpayer to receive a return shall not excuse such taxpayer from filing a return or paying the tax due.

Any check in payment of tax, penalty and/or interest which is returned to the City marked Insufficient Funds, Account Closed or Stop Payment, shall be subject to a \$10.00 charge for the purpose of defraying additional processing expenses incurred by the City.

The employer is responsible for payment of under-withholding.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF JANUARY 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

DUE ON OR BEFORE: FEBRUARY 15, 2016

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF FEBRUARY 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

DUE ON OR BEFORE: MARCH 15, 2016

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF MARCH 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

DUE ON OR BEFORE: APRIL 15, 2016

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF APRIL 2016

DUE ON OR BEFORE: MAY 15, 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF MAY 2016

DUE ON OR BEFORE: JUNE 15, 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF JUNE 2016

DUE ON OR BEFORE: JULY 15, 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF JULY 2016

DUE ON OR BEFORE: AUGUST 15, 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF AUGUST 2016

DUE ON OR BEFORE: SEPTEMBER 15, 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF SEPTEMBER 2016

DUE ON OR BEFORE: OCTOBER 15, 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF OCTOBER 2016

DUE ON OR BEFORE: NOVEMBER 15, 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF NOVEMBER 2016

DUE ON OR BEFORE: DECEMBER 15, 2016

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

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

- 1. Taxable Earnings paid all Employees subject to Stow, Ohio, City Income Tax \$ _____
- 2. Actual Tax Withheld in period for Stow Income Tax \$ _____
- 3. Adjustment of Tax for prior period \$ _____
- 4. Penalty: \$ _____
- 5. Interest: \$ _____
- 6. Total: \$ _____

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW

FOR MONTH(S) OF DECEMBER 2016

DUE ON OR BEFORE: JANUARY 15, 2017

MAIL TO: MAKE CHECK OR MONEY ORDER PAYABLE TO TAX ADMINISTRATOR, CITY OF STOW

TAX ADMINISTRATOR P.O. BOX 3649 AKRON, OHIO 44309 PHONE (330) 689-2849

Notify Income Tax Department promptly of any change in ownership, name or address shown above.

RECONCILIATION INSTRUCTIONS

IMPORTANT:

Photocopies, computer print-outs, or typed lists will be accepted in lieu of original W-2 forms provided equivalent information is presented. If moving expenses, sick pay, profit sharing and/or deferred compensation are included in gross wages, specify amounts separately.

The original of this reconciliation must be filed with TAX DEPARTMENT, CITY OF STOW, P.O. Box 1668, Stow, Ohio 44224 on or before the last day of February, unless a written request for extension has been made and granted (in writing) by the Administrator. This form must be accompanied by copies of employee's statements (Form W-2) showing: (1) name and address of employee; (2) social security number; (3) gross earning earned before any deductions; (4) amount of STOW and other municipal income tax withheld; (5) name, address, and STOW account number of employer.

If Line 7 indicates a balance due, the amount thereof should accompany this return; If Line 7 indicates an overpayment, a refund request signed by the employer should be made and submitted with the W-2 forms or the overpayment may be used as an adjustment credit on the next period's SW-1 form.

<p>1. Total number of employees as represented by Form W-2 or equivalent submitted herewith (All W-2's submitted must be completed in their entirety)</p> <p>2. Total wages as shown on W-2's \$ _____</p> <p>3. Total wages subject to STOW TAX paid during 2016 as shown on employee's statement W-2 \$ _____ (explain difference between line 2 & 3)</p> <p>4. Tax Due Stow Line 2 x 2% (.02)..... \$ _____</p> <hr/> <p>PRINT COMPANY NAME, ADDRESS AND FEDERAL EIN BELOW</p>	<p>5. Total STOW Income Tax Withheld during 2016 From: (Form SW-1)</p> <p style="margin-left: 40px;">Quarter ended March 31 \$ _____</p> <p style="margin-left: 40px;">Quarter ended June 30 \$ _____</p> <p style="margin-left: 40px;">Quarter ended September 30 \$ _____</p> <p style="margin-left: 40px;">Quarter ended December 31 \$ _____</p> <p>6. Total \$ _____</p> <p>7. Difference between Lines 4 & 6 \$ _____</p> <p>If Line 7 indicates a balance due, the amount thereof should accompany this return; If Line 7 indicates an overpayment, a refund request signed by the employer should be made and submitted with the W-2 forms</p> <p>Check reason for withholding:</p> <p style="margin-left: 40px;"> <input type="radio"/> RESIDENT EMPLOYER <input type="radio"/> COURTESY WITHHOLDING <input type="radio"/> WORK PERFORMED IN STOW </p>
--	---

PLEASE USE THESE LABELS TO RETURN YOUR MONTHLY WITHHOLDING PAYMENTS TO THE CITY.

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

PLEASE USE THESE LABELS
TO RETURN YOUR MONTHLY
WITHHOLDING PAYMENTS TO
THE CITY.

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 3649
AKRON OH 44309

PLEASE USE THESE LABELS
TO RETURN YOUR ANNUAL
PAYROLL RECONCILIATION

CITY OF STOW
DIVISION OF TAXATION
P.O. BOX 1668
STOW OH 44224

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

<u>Month Ending</u>	<u>Due Date</u>	<u>Check#</u>	<u>Date</u>	<u>Amount</u>
1/31	2/15	_____	_____	_____
2/28	3/15	_____	_____	_____
3/31	4/15	_____	_____	_____
or 1st qtr	4/30	_____	_____	_____
4/30	5/15	_____	_____	_____
5/31	6/15	_____	_____	_____
6/30	7/15	_____	_____	_____
or 2nd qtr	7/31	_____	_____	_____

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

<u>Month Ending</u>	<u>Due Date</u>	<u>Check#</u>	<u>Date</u>	<u>Amount</u>
7/31	8/15	_____	_____	_____
8/31	9/15	_____	_____	_____
9/30	10/15	_____	_____	_____
or 3rd qtr	10/31	_____	_____	_____
10/31	11/15	_____	_____	_____
11/30	12/15	_____	_____	_____
12/31	1/15	_____	_____	_____
or 4th qtr	1/31	_____	_____	_____