



141 EAST BROADWAY  
 GRANVILLE, OHIO 43023-0514  
 (740) 587-2764

**EMPLOYER MUNICIPAL WITHHOLDING BOOKLET**



**INCOME TAX DEPARTMENT**  
 141 EAST BROADWAY  
 PO BOX 514  
 GRANVILLE, OHIO 43023  
 granville.oh.us/financetaxpersonnel  
 (740) 587-2764  
 (740) 587-0128 (fax)

**EMPLOYER'S RETURN OF TAX WITHHELD**

1. Taxable Earnings Paid All Employees Subject To Granville Income Tax
2. Granville Tax Withheld @ 1.5% .....
3. Granville Tax Withheld @ 0.75% (Resident courtesy withholding)....
4. Adjustments of Tax From Prior Reporting .....
5. Penalty/Interest .....
6. Total Paid (Include Interest & Penalty If Any).....

DOLLARS	CENTS

**THIS RETURN MUST BE FILED AND THE TAXES PAID ON OR BEFORE:**

**IF TAXES ARE LESS THAN \$200.00 MONTHLY: LAST DAY OF THE MONTH FOLLOWING THE LAST DAY OF EACH CALENDAR QUARTER.**

**IF TAXES \$200.00 OR GREATER MONTHLY:..... 15 DAYS FOLLOWING THE LAST DAY OF EACH CALENDAR MONTH.**

**FOR THE MONTH ENDING:.....** JANUARY 31, 2024

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT:

SIGNED \_\_\_\_\_

OFFICIAL TITLE \_\_\_\_\_



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**FOR THE MONTH ENDING:.....** FEBRUARY 28, 2024

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**FOR THE MONTH ENDING:.....** MARCH 31, 2024

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**FOR THE MONTH ENDING:.....** APRIL 30, 2024

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT:

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**FOR THE MONTH ENDING:.....** MAY 31, 2024

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**FOR THE MONTH ENDING:..... JUNE 30, 2024**

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**FOR THE MONTH ENDING:..... JULY 31, 2024**

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**FOR THE MONTH ENDING:..... AUGUST 31, 2024**

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**FOR THE MONTH ENDING:..... SEPTEMBER 30, 2024**

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**FOR THE MONTH ENDING:..... OCTOBER 31, 2024**

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**FOR THE MONTH ENDING:..... NOVEMBER 30, 2024**

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**FOR THE MONTH ENDING: ..... DECEMBER 31, 2024**

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**WITHHOLDING TAX RECONCILIATION**

With Forms W-2 Submitted Herewith

**LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEB 28**

**FOR PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_**

Do Not Remit Payment With This Form; For Reconciliation Purposes Only.

1. Total number of employees subject to Granville tax and number of W-2 Forms submitted herewith: .....
2. Total amount of Granville Tax Withheld from all employees: ..... \$ .....
3. Total amount of all wages paid subject to Granville tax: ..... \$ .....

4. Total Granville income tax withheld from compensation, for the periods of either monthly or quarterly:
 

MONTHLY		QUARTERLY
Jan _____	Jul _____	1st Qtr. _____
Feb _____	Aug _____	2nd Qtr. _____
Mar _____	Sep _____	3rd Qtr. _____
Apr _____	Oct _____	4th Qtr. _____
May _____	Nov _____	\$ _____
Jun _____	Dec _____	
5. Grand Total Remitted ..... \$ .....  
 Items 2 and 5 should be identical, explain fully any discrepancy.