



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 QUARTER ENDING: MARCH 31, 2024

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

SIGNED _____

OFFICIAL TITLE _____



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

FOR THE QUARTER ENDING: JUNE 30, 2024

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

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5. Penalty/Interest
6. Total Paid (Include Interest & Penalty If Any).....

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

FOR THE QUARTER ENDING: SEPTEMBER 30, 2024

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

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EMPLOYER'S RETURN OF TAX WITHHELD

1. Taxable Earnings Paid All Employees Subject To Granville Income Tax
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4. Adjustments of Tax From Prior Reporting
5. Penalty/Interest
6. Total Paid (Include Interest & Penalty If Any).....

DOLLARS	CENTS

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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 QUARTER ENDING: DECEMBER 31, 2024

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

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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.