CITY OF HEATH INCOME TAX BUREAU
1287 HEBRON RD.
HEATH, OH 43056-1096

IMPORTANT TAX INFORMATION

PLEASE NOTE CHANGES IN DUE DATES

EMPLOYER MUNICIPAL WITHHOLDING BOOKLET

INSTRUCTIONS FOR PREPARING AND FILING FORM WH

Who Must File:

Any employer within or doing business within the City of Heath, Ohio who employs one or more persons is required to withhold the tax of (1.50%) from all compensation paid, accrued or set apart to the employee, and to file Form WH and remit tax to the Heath Income Tax Bureau.

Deposit Requirements:

Monthly – If tax withheld or required to be withheld is more than $200.00 per month for any month in the preceding calendar year or more than $2,399.00 per year, remittance is due not later than fifteen days after the last day of each month.

Quarterly – If tax withheld or required to be withheld does not meet the requirements for monthly remittance, then the tax withheld or required to be withheld remittance is due not later than the fifteenth day of the month following the end of each calendar quarter.

Failure to File Return and Pay Tax:

All taxes, including taxes withheld or required to be withheld from wages by an employer, and remaining unpaid after they become due shall bear interest on the amount of the unpaid tax at the Federal Short Term Rate as of July of last year plus 5% per year, and a late payment penalty of 50% of the unpaid withholding tax. The failure to receive a withholding deposit form shall not excuse an employer from making a return and depositing the taxes withheld.

How to Prepare This Form:

Line 1 – Enter qualifying wages as defined in O.R.C. 718.03, paid to all employees subject to Heath City tax during the period for which the return is made.

Line 2 – Enter actual tax withheld or required to be withheld during the period for which the return is made and indicate percentage rate used.

Line 3 – Adjust current payment of actual tax withheld for under payment or over payment in previous period. Attach explanation if necessary.

Line 4 & 5 – See instructions under Failure to File Return and Pay Tax.

Line 6 – Enter total amount to be remitted.

NOTE: FOR COMPLETE DETAILS OF EMPLOYER REQUIREMENTS YOU MAY REQUEST A COPY OF THE TAX ORDINANCE FOR THE CITY OF HEATH.

CITY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

☐ AMENDED

RETURN WITH PAYMENT

			DO NOT ROUND
1.	Taxable Earnings paid all Employees subject to City of HEATH, Ohio, 1.50% (.0150) Income Tax Is this a courtesy withholding? ☐ YES Is this a final return? ☐ YES ☐ NO If yes, attach explanation	1.	$
2.	Actual Tax Withheld in month/quarter for City Income Tax _____ 1.50% _____ .25% _____ Both	2.	$
3.	Adjustment of Tax for prior quarter (see instructions)	3.	$
4.	Penalty (50% of the unpaid withholding tax) _____	4.	$
5.	Interest (5% per year or 0.417% per month) _____	5.	$
6.	Total – (Lines 2-5)	6.	$

NAME AND ADDRESS

FOR THE PERIOD ENDING
JANUARY 31, 2016

DUE ON OR BEFORE
FEBRUARY 15, 2016

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO
HEATH INCOME TAX

MAIL TO:
CITY OF HEATH INCOME TAX BUREAU
1287 HEBRON RD.
HEATH, OHIO 43056-1096
TELEPHONE (740) 522-3427

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

Notify the Income Tax Bureau promptly of any change in ownership or name and address shown above.
FORM WH-M

CITY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX WITHHELD ☐ AMENDED **RETURN WITH PAYMENT**

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5.	Interest (5% per year or 0.417% per month) _____	5.	$
6.	Total – (Lines 2-5)	6.	$

NAME AND ADDRESS

FOR THE PERIOD ENDING
FEBRUARY 29, 2016

DUE ON OR BEFORE
MARCH 15, 2016

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO
HEATH INCOME TAX

MAIL TO:
CITY OF HEATH INCOME TAX BUREAU
1287 HEBRON RD.
HEATH, OHIO 43056-1096
TELEPHONE (740) 522-3427

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5.	Interest (5% per year or 0.417% per month) _____	5.	$
6.	Total – (Lines 2-5)	6.	$

NAME AND ADDRESS

FOR THE PERIOD ENDING
MARCH 31, 2016

DUE ON OR BEFORE
APRIL 15, 2016

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO
HEATH INCOME TAX

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NAME AND ADDRESS

FOR THE PERIOD ENDING
APRIL 30, 2016

DUE ON OR BEFORE
MAY 15, 2016

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO
HEATH INCOME TAX

MAIL TO:
CITY OF HEATH INCOME TAX BUREAU
1287 HEBRON RD.
HEATH, OHIO 43056-1096
TELEPHONE (740) 522-3427

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CITY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX WITHHELD ☐ AMENDED **RETURN WITH PAYMENT**

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6.	Total – (Lines 2-5)	6.	$

NAME AND ADDRESS

FOR THE PERIOD ENDING
MAY 31, 2016

DUE ON OR BEFORE
JUNE 15, 2016

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO
HEATH INCOME TAX

MAIL TO:
CITY OF HEATH INCOME TAX BUREAU
1287 HEBRON RD.
HEATH, OHIO 43056-1096
TELEPHONE (740) 522-3427

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NAME AND ADDRESS

FOR THE PERIOD ENDING
JUNE 30, 2016

DUE ON OR BEFORE
JULY 15, 2016

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO
HEATH INCOME TAX

MAIL TO:
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CITY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX WITHHELD ☐ AMENDED **RETURN WITH PAYMENT**

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6.	Total – (Lines 2-5)	6.	$

NAME AND ADDRESS

FOR THE PERIOD ENDING
JULY 31, 2016

DUE ON OR BEFORE
AUGUST 15, 2016

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO
HEATH INCOME TAX

MAIL TO:
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HEATH, OHIO 43056-1096
TELEPHONE (740) 522-3427

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6.	Total – (Lines 2-5)	6.	$

NAME AND ADDRESS

FOR THE PERIOD ENDING
AUGUST 31, 2016

DUE ON OR BEFORE
SEPTEMBER 15, 2016

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO
HEATH INCOME TAX

MAIL TO:
CITY OF HEATH INCOME TAX BUREAU
1287 HEBRON RD.
HEATH, OHIO 43056-1096
TELEPHONE (740) 522-3427

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FORM WH-M

CITY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX WITHHELD ☐ AMENDED **RETURN WITH PAYMENT**

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6.	Total – (Lines 2-5)	6.	$

NAME AND ADDRESS

FOR THE PERIOD ENDING
SEPTEMBER 30, 2016

DUE ON OR BEFORE
OCTOBER 15, 2016

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO
HEATH INCOME TAX

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HEATH, OHIO 43056-1096
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6.	Total – (Lines 2-5)	6.	$

NAME AND ADDRESS

FOR THE PERIOD ENDING
OCTOBER 31, 2016

DUE ON OR BEFORE
NOVEMBER 15, 2016

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO
HEATH INCOME TAX

MAIL TO:
CITY OF HEATH INCOME TAX BUREAU
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HEATH, OHIO 43056-1096
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(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO **HEATH INCOME TAX**

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HEATH, OHIO 43056-1096
TELEPHONE (740) 522-3427

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

NAME AND ADDRESS

FOR THE PERIOD ENDING
NOVEMBER 30, 2016

DUE ON OR BEFORE
DECEMBER 15, 2016

Notify the Income Tax Bureau promptly of any change in ownership or name and address shown above.
FORM WH-M

CITY OF HEATH, OHIO, EMPLOYER'S RETURN OF TAX WITHHELD ☐ AMENDED **RETURN WITH PAYMENT**

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(Official Title) _____ Date _____

Federal ID no. _____

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TELEPHONE (740) 522-3427

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NAME AND ADDRESS

FOR THE PERIOD ENDING
DECEMBER 31, 2016

DUE ON OR BEFORE
JANUARY 15, 2017

Notify the Income Tax Bureau promptly of any change in ownership or name and address shown above.
FORM WH-M

GENERAL INFORMATION

On or before the last day of February of each year, each employer must file a withholding reconciliation on the City of Heath Form WH-R. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must furnish the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to Heath tax. The listing shall require the same type of information as is required of the W-2 form.

Any individual (s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earning statement on or before the last day of February of each year. All 1099's or earning statements shall require the same type of information as is required of the W-2 forms as stated above.

SPECIFIC FILING INFORMATION

The front of the Form WH-R must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. Sections 1,2,3,4, and 5 must be completed. The total tax paid should be equal to 1.50% (or the reduced courtesy withholding rate) of box 1. The completed Form WH-R and all attachments must be submitted to the Heath Income Tax Bureau, 1287 Hebron Rd., Heath, Ohio 43056-1096 on or before February 28 of each year. Failure to file Form WH-R with attachments by February 28 each year will result in a penalty of $25 per month with a maximum of $150.00 per return. Any questions in completing the Form WH-R should be referred to the Income Tax Bureau at (740) 522-3427.

CITY OF HEATH ANNUAL RECONCILIATION

SUBMIT BY FEBRUARY 28, 2017. W-2'S MUST BE ATTACHED

MAIL TO: **CITY OF HEATH INCOME TAX BUREAU**
1287 HEBRON RD.
HEATH, OHIO 43056-1096
PHONE: (740) 522-3427

FOR TAX YEAR ENDING: _____

PAYMENT ENCLOSED ☐

REFUND REQUESTED ☐

NAME:

FORM WH-R

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1ST QUARTER	3RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2ND QUARTER	4TH QUARTER

ALL SECTIONS MUST BE COMPLETED

1. TOTAL HEATH W-2'S # _____
2. HEATH WAGES SUBJECT TO WITHHOLDING TAX $ _____
3. AMOUNT OF HEATH TAX WITHHELD $ _____
4. ADJUSTMENT WITH THIS RETURN $ _____
5. TOTAL HEATH TAX PAID $ _____

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

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Due Date	Check #	Date	Amount
1/31	2/15			
2/29	3/15			
3/31	4/15			
4/30	5/15			
5/31	6/15			
6/30	7/15			

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Due Date	Check #	Date	Amount
7/31	8/15			
8/31	9/15			
9/30	10/15			
10/31	11/15			
11/30	12/15			
12/31	1/15			