

City of Amherst, Ohio

Year: _____

FILE WITH: City of Amherst, Ohio
Income Tax Department
480 Park Avenue
Amherst, OH 44001-2258

Federal I.D. or SS # _____

Name and Address of Company:

Phone (440) 988-4212
Fax (440) 988-3749

TAX RATE IS 1.5%

For Period: _____

Due on or Before: _____

Total wages earned for work performed in City of Amherst		
\$ _____	Total tax withheld for period at 1.5%	\$ _____
Total wages withheld on for residents of Amherst **		
\$ _____	Courtesy withholding at 1.5% *	\$ _____
\$ _____	Courtesy withholding at 0.5% *	\$ _____
Total amount paid for: Year _____ Period: _____		\$ _____
Remittance check # _____		

Make check or money order payable to : AMHERST INCOME TAX DEPARTMENT

- Return this copy with your payment
- If you did not have employees this period, state "none" and return this form by due date.
- Note any change of name, Federal I.D. or address

*Courtesy withholding is tax withheld as a "courtesy" to those employees who are residents of Amherst but do not perform work in the city of Amherst. Courtesy withholding applies to non-resident businesses only.

Each employer within the city of Amherst, Ohio, who employs one or more persons, is required to withhold tax at the rate of 1.5% from all compensation paid to employees at the time the compensation is paid and must remit the amount withheld to the City of Amherst Income Tax Department.

Nonresident businesses are required to withhold and remit the tax in accordance with ORC 718. All returns and payments are due on or before the 15th day of the month following the end of the period for the amount withheld during the preceding period.

Delinquent payments are subject to the penalty and interest charges as provided for in the Ohio RC 718 and Amherst Income Tax Ordinance Chapter 192. The failure of any employer to receive or procure a withholding form shall not excuse him from submitting a return or from remitting the tax withheld. Generic forms, which include all required information, will be accepted by the Amherst Income Tax Department.

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

X _____ () _____
Authorized Signature Date Phone