DEFIANCE CITY TAX
631 PERRY ST.
P.O. BOX 669
DEFIANCE, OHIO 43512
HOURS MONDAY – FRIDAY
8:00 AM – 4:30 PM
TELEPHONE: (419) 784-2117
FAX: (419) 784-4858
WWW.CITYOFDEFIANCE .COM

IMPORTANT TAX INFORMATION

FORM EQR (MONTHLY STATEMENTS)

FORM DW-3 (ANNUAL RECONCILIATION)

EMPLOYER'S MUNICIPAL INCOME TAX WITHHOLDING FORMS

INSTRUCTIONS

181.15 COLLECTION AT SOURCE; PAYMENT BY EMPLOYER
(a) Each employer within or doing business in the City who employs one or more persons, full-time or part-time, on a salary, wage, commission or other compensation basis, shall deduct, at the time of payment of salaries, wages, commissions or other compensation, the amount of tax levied by Section 181.03 on the gross salaries, wages, commissions or other compensation due by the employer to an employee and shall, on or before the 15th day of the following month, make a return and pay to the Tax Commissioner the amount of taxes so deducted during the preceding calendar quarter. ***However, any employer who deducts taxes in the amount of two hundred dollars ($200.00) or more per quarter will be classified as a monthly withholder and shall remit payment to the Tax Commissioner on or before the fifteenth day of the month in accordance with this chapter. All returns and forms required to be filed by an employer are considered received on the date postmarked by the United States Postal Service or on the date delivered without mailing by the taxpayer to the Defiance Tax Office.***

Failure to File Return and Pay Tax:
Any taxpayer who shall fail or refuse to make any return or declaration required by the Ordinance, or any taxpayer who shall refuse to pay the tax, penalties and interest imposed by the Ordinance or any taxpayer who shall refuse to permit the Commissioner of Taxation or any duly authorized agent or employee to examine his books, records and papers, or who shall knowingly make any incomplete, false or fraudulent return, or who shall attempt to avoid the payment of tax, shall be guilty of misdemeanor and shall be fined not more than $1000 or imprisoned for not more than six (6) months, or both. The failure of any taxpayer to receive or procure a return shall not excuse such taxpayer from making a return or from paying the tax.

How to Prepare This Form:
Enter company name, address, local file #, and Fid # in space provided.

Line 1 – Enter total salaries, wages, commissions, incentive payments, bonuses and other compensation **PAID** all taxable employees (full time or part time) during month for which return is made. If no compensation was paid during the month, mark "none" and return Form EQR with explanation.

Line 2 – Enter total **ACTUAL** tax withheld from taxable employees during the month for Defiance, Ohio City Income Tax.

Line 3 – To adjust current payment of actual tax withheld for underpayment or overpayment in previous month.

Line 4 – If return is past due, enter 5% of the amount of Line 2.

Line 5 – If return is past due, enter 50% of the amount of Line 2.

Line 6 – Late filing penalty ($25.00 per month, $150.00 maximum per return).

Any payments of tax received or in case of payment by mail is post-marked after the due date are subject to the interest, penalty and late filing penalty.

Print

Clear Form

1

CITY OF DEFIANCE, OHIO – EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

CHECK MUST ACCOMPANY FORM AND BE POSTMARKED BY DUE DATE TO AVOID PENALTY

		DO NOT ROUND
1.	Taxable Earnings paid all Employees subject to Defiance, Ohio, City Income Tax Tax rate 1.8%	
2.	**Actual** Tax Withheld in month for City Income Tax	
3.	Adjustment of Tax for prior month (see instructions)	
4.	Interest – 5% of Amount Due	
5.	Penalty – 50% of Amount Due	
6.	Late Filing Penalty ($25.00 Per Month, $150.00 Maximum Per Return)	
7.	Total – (Include new interest and penalty if due)	

If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
JANUARY 2016

DUE ON OR BEFORE
FEBRUARY 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
DEFIANCE CITY – INCOME TAX

MAIL TO:
CITY OF DEFIANCE
INCOME TAX DEPT.
MAIL ADDRESS P.O. BOX 669
DEFIANCE, OHIO 43512

CITY OF DEFIANCE, OHIO – EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

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6.	Late Filing Penalty ($25.00 Per Month, $150.00 Maximum Per Return)	
7.	Total – (Include new interest and penalty if due)	

If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
FEBRUARY 2016

DUE ON OR BEFORE
MARCH 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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7.	Total – (Include new interest and penalty if due)	

If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
MARCH 2016

DUE ON OR BEFORE
APRIL 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
APRIL 2016

DUE ON OR BEFORE
MAY 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
DEFIANCE CITY – INCOME TAX

MAIL TO:
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MAIL ADDRESS P.O. BOX 669
DEFIANCE, OHIO 43512

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If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
MAY 2016

DUE ON OR BEFORE
JUNE 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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

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DEFIANCE CITY – INCOME TAX

MAIL TO:
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7.	Total – (Include new interest and penalty if due)	

If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
JUNE 2016

DUE ON OR BEFORE
JULY 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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

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DEFIANCE CITY – INCOME TAX

MAIL TO:
CITY OF DEFIANCE
INCOME TAX DEPT.
MAIL ADDRESS P.O. BOX 669
DEFIANCE, OHIO 43512

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If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
JULY 2016

DUE ON OR BEFORE
AUGUST 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO:
DEFIANCE CITY – INCOME TAX

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If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
AUGUST 2016

DUE ON OR BEFORE
SEPTEMBER 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO:
DEFIANCE CITY – INCOME TAX

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If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
SEPTEMBER 2016

DUE ON OR BEFORE
OCTOBER 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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CHECK MUST ACCOMPANY FORM AND BE POSTMARKED BY DUE DATE TO AVOID PENALTY

10

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7.	Total – (Include new interest and penalty if due)	

If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
OCTOBER 2016

DUE ON OR BEFORE
NOVEMBER 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
DEFIANCE CITY – INCOME TAX

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7.	Total – (Include new interest and penalty if due)	

If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
NOVEMBER 2016

DUE ON OR BEFORE
DECEMBER 15, 2016

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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7.	Total – (Include new interest and penalty if due)	

If no wages were paid this quarter, mark "NONE" and return this form with explanation.

Enter company name, address, and FID # in space provided below.

FOR THE MONTH(S) OF
DECEMBER 2016

DUE ON OR BEFORE
JANUARY 15, 2017

Local File # _____

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.
FORM EQ-R

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

(Name) _____

(Signed) _____

(Official Title) _____ Date _____
Owner, Partner, Member, President, Treasurer, Agent

(Phone) _____

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MAIL ADDRESS P.O. BOX 669
DEFIANCE, OHIO 43512

GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation. 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.

Any individual(s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earnings statement on or before February 28 of each year. All 1099's or earnings 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 DW-3 must show a breakdown of all withholding payments made monthly in the boxes provided. The number of employees, total paid, and the total Defiance tax withheld must also be completed. Please keep the copy for your records. The completed DW-3 form and all W-2 forms must be submitted to the City of Defiance Income Tax Department, P.O. Box 669, Defiance, OH 43512, on or before February 28, of each year. Any questions in completing the Form DW-3 should be referred to the Department of Taxation.

Magnetic reporting is accepted if it complies with the Social Security Administration standards. EFW2 format required. Instructions on submitting W-2 form information by way of magnetic media can be found on our website www.cityofdefiance.com. Click on Income Tax, then click on Tax Forms.

Division of Taxation – City of Defiance
Reconciliation of Defiance Income Tax Withheld and Transmittal of W-2 Forms for 2016
Due Date – February 28, 2017

MONTHLY PAYMENTS

JANUARY _____	FEBRUARY _____
MARCH _____	APRIL _____
MAY _____	JUNE _____
JULY _____	AUGUST _____
SEPTEMBER _____	OCTOBER _____
NOVEMBER _____	DECEMBER _____

Contact Person (Print Name) _____

Phone _____

Enter company name, address, and FID # in space provided below.

Local file # _____

DW-3

1) Number of W-2 Forms Attached..... _____

2) Total Taxable Wages as reported on W-2 Forms attached ..... _____

3) Defiance Tax Rate ..... X 1.8% 0.018

4) Tax Liability (Line 2 x Line 3) ..... $ _____

5) Total City Tax withheld as remitted on Form DW-1 for year..... $ _____

6) Difference between line 4 and 5, other than rounding ..... $ _____

Additional tax due-attach payment

I have examined this return and to the best of my knowledge it is correct.

Name _____

Signature _____

Title _____ Date _____

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Month Ending	Due Date	Check Number	Date	Amount Paid
1/31	2/15	_____	_____	_____
2/28	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 Number	Date	Amount Paid
7/31	8/15	_____	_____	_____
8/31	9/15	_____	_____	_____
9/30	10/15	_____	_____	_____
10/31	11/15	_____	_____	_____
11/30	12/15	_____	_____	_____
12/31	1/15	_____	_____	_____