



CITY OF WAPAKONETA  
701 PARLETTE COURT  
P O BOX 269  
WAPAKONETA, OH 45895  
(419) 738-7342

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# **WAPAKONETA CITY INCOME TAX – 2009 QUARTERLY WAGE TAX COUPON BOOK**

**– KEEP THIS BOOKLET –**

**RECORDS MUST BE MAINTAINED TO SUPPORT AMOUNTS ON COUPONS; SEE WORKSHEET ON INSIDE BACK COVER**

# QUARTERLY WAGE TAX COUPON BOOKLET CONTENTS

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## GENERAL INSTRUCTIONS

Please read these instructions carefully. Filing errors can result in unnecessary charges.

### **NATURE OF TAX**

The tax is imposed on salaries, wages, commissions and other compensation paid by an employer to any person who is employed by or renders services to that employer.

### **BASIS AND RATE OF TAX**

Effective September 1, 1986, the tax rate is 1% per annum upon all taxable income received by a resident and upon all taxable income received by a non-resident attributable to the City.

### **INTEREST AND PENALTIES**

The tax remaining unpaid after the due date will be subject to interest at the rate of 1-1/2 percent of the amount of the unpaid tax for each month or fraction of the month until paid. The unpaid tax will also be subject to penalty at the rate of 5% per month or fraction of month until paid.

Failure to file a required return or to remit the tax imposed by law subjects the person to a fine or penalty of not more than \$500, or imprisonment for not more than 60 days, or both, for each offense.

## MAKING PAYMENTS

Detach appropriate coupon and fill in the wage amount and tax withheld on the coupon. Make your check or money order payable to City of Wapakoneta Income Tax. Do not send cash. Sign the coupon and enter preparer's telephone number. If mailing the coupon please mail to City of Wapakoneta, Income Tax Department, P.O. Box 269, Wapakoneta, Ohio, 45895-0269. Payments can also be dropped off at City Hall at 701 Parlette Court, Wapakoneta, Ohio 45895. Any questions, please call (419) 738-7342.

### TIPS TO AVOID FILING ERRORS

- ▶ Forward your coupon book to your tax preparer or payroll tax service.
- ▶ Use the Change Form to report account changes. Do not use the coupon to report changes.
- ▶ Use the properly dated coupon.
- ▶ If no payment is due for a period, a coupon must still be filed.

If you discover that too much or too little was remitted on a previous period, reflect this adjustment on line 1 of the current coupon.

## ANNUAL RECONCILIATION OF WAGE TAX

The Annual Reconciliation of the Wage Tax withheld for 2009 is due on or before February 28, 2010. To ensure proper processing, please.

- ▶ Complete the Reconciliation that follows the last payment coupon in this book.
- ▶ If line 4 does not equal 1%, then remit the difference with the form.
- ▶ If there is no tax due, you must still submit the form.
- ▶ The Reconciliation Form must be filed in all cases with all W-2's attached.

### **CHANGE FORM**

If the name or address information pre-printed in the coupon book is incorrect or no longer valid, complete the enclosed Change Form. Please do not use the coupons to report changes. Please identify a contact person and telephone number on the Change Form. If you have any questions, please call (419) 738-7342.

## **FINAL REPORT FORM**

If your business has been sold or closed, or if you no longer have employees who are subject to the Wapakoneta City Wage Tax, you must use the enclosed Final Report coupon. Please identify a contact person and telephone number on the Final Report Form. If you have any questions, please call (419) 738-7342.

# 2009 QUARTERLY WAGE TAX

**ACCOUNT #:**

**EIN:**

**FROM:** 01/01/09

**TO:** 03/31/09

**DUE DATE:** 04/30/09

1. Total Wages Subject to 1% Wapakoneta Tax for this month ..... \$ \_\_\_\_\_
2. Amount Withheld ..... \$ \_\_\_\_\_
3. TOTAL DUE (Should equal 1% of Line 1) ..... \$ \_\_\_\_\_

Use the Change Form to report any changes.

Signature: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**City of Wapakoneta Income Tax  
P.O. Box 269  
Wapakoneta, OH 45895-0269**

**1**

**Employer is liable for the full 1% tax, whether withheld or not, Ordinance 2004-52.**

Make checks payable to:  
**CITY OF WAPAKONETA INCOME TAX**

# 2009 QUARTERLY WAGE TAX

**ACCOUNT #:**

**EIN:**

**FROM:** 04/01/09

**TO:** 06/30/09

**DUE DATE:** 07/31/09

1. Total Wages Subject to 1% Wapakoneta Tax for this month ..... \$ \_\_\_\_\_
2. Amount Withheld ..... \$ \_\_\_\_\_
3. TOTAL DUE (Should equal 1% of Line 1) ..... \$ \_\_\_\_\_

Use the Change Form to report any changes.

Signature: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**City of Wapakoneta Income Tax  
P.O. Box 269  
Wapakoneta, OH 45895-0269**

**2**

**Employer is liable for the full 1% tax, whether withheld or not, Ordinance 2004-52.**

Make checks payable to:  
**CITY OF WAPAKONETA INCOME TAX**

# 2009 QUARTERLY WAGE TAX

**ACCOUNT #:**

**EIN:**

**FROM:** 07/01/09

**TO:** 09/30/09

**DUE DATE:** 10/31/09

1. Total Wages Subject to 1% Wapakoneta Tax for this month ..... \$ \_\_\_\_\_
2. Amount Withheld ..... \$ \_\_\_\_\_
3. TOTAL DUE (Should equal 1% of Line 1) ..... \$ \_\_\_\_\_

Use the Change Form to report any changes.

Signature: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**City of Wapakoneta Income Tax  
P.O. Box 269  
Wapakoneta, OH 45895-0269**

**3**

**Employer is liable for the full 1% tax, whether withheld or not, Ordinance 2004-52.**

Make checks payable to:  
**CITY OF WAPAKONETA INCOME TAX**

# 2009 QUARTERLY WAGE TAX

**ACCOUNT #:**

**EIN:**

**FROM:** 10/01/09

**TO:** 12/31/09

**DUE DATE:** 01/30/10

1. Total Wages Subject to 1% Wapakoneta Tax for this month ..... \$ \_\_\_\_\_
2. Amount Withheld ..... \$ \_\_\_\_\_
3. TOTAL DUE (Should equal 1% of Line 1) ..... \$ \_\_\_\_\_

Use the Change Form to report any changes.

Signature: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**City of Wapakoneta Income Tax  
P.O. Box 269  
Wapakoneta, OH 45895-0269**

**4**

**Employer is liable for the full 1% tax, whether withheld or not, Ordinance 2004-52.**

Make checks payable to:  
**CITY OF WAPAKONETA INCOME TAX**

# RECONCILIATION OF WITHHOLDING RETURNS FOR TAX YEAR 2009

CITY OF WAPAKONETA  
701 PARLETTE COURT  
P O BOX 269  
WAPAKONETA, OH 45895  
(419) 738-7342

RETURN WITH COPIES OF W-2 FORMS  
KEEP A COPY FOR YOUR RECORDS

**THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 28TH**

Signature: X

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

1. Total wages subject to 1% Wapakoneta City  
Income Tax for the year 2009. .... \$ \_\_\_\_\_
2. Total Wapakoneta City Income Tax Withheld  
from compensation paid all employees. .... \$ \_\_\_\_\_
3. Quarterly/Monthly Payment remitted.  
    First Quarter ..... \$ \_\_\_\_\_  
    Second Quarter ..... \$ \_\_\_\_\_  
    Third Quarter ..... \$ \_\_\_\_\_  
    Fourth Quarter ..... \$ \_\_\_\_\_
4. TOTAL ..... \$ \_\_\_\_\_

If line 4 does not equal 1% of line 1 then remit difference with this form

**Employer is liable for the full 1% tax, whether withheld or not, Ordinance 2004-52.**

# CHANGE FORM

(Please Print All Information)

## Wage Tax

**CITY OF WAPAKONETA**  
**701 PARLETTE COURT**  
**P O BOX 269**  
**WAPAKONETA, OH 45895**  
**(419) 738-7342**

## SECTION 1 CURRENT INFORMATION

Entity Type:  INDIVIDUAL  
 PARTNERSHP  
 CORPORATION

OTHER \_\_\_\_\_

New Federal ID #: \_\_\_\_\_

## SECTION 2 CORRECT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Entity Type:  INDIVIDUAL  
 PARTNERSHP  
 CORPORATION

OTHER \_\_\_\_\_

New Federal ID #: \_\_\_\_\_

Date of Change: \_\_\_\_\_

For a change in entity, you need to apply for a new tax account number and a new business privilege license.

**CONTACT PERSON:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

# FINAL FORM

(Please Print All Information)

## Wage Tax

**CITY OF WAPAKONETA**  
**701 PARLETTE COURT**  
**P O BOX 269**  
**WAPAKONETA, OH 45895**  
**(419) 738-7342**

## DATE OF LAST PAYROLL

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

## REASON FOR FINAL REPORT

BUSINESS CLOSED

NO LONGER HAVE EMPLOYEES  
SUBJECT TO WAPAKONETA WAGE TAX.

SOLD - DATE: \_\_\_\_\_

OTHER

IF SOLD, NEW OWNER'S

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

## 2009 TAXPAYER'S PAYMENT STUB RECAP

MONTH	PAYMENT DATE	TOTAL WAGES SUBJECT TO WAPAKONETA TAX	TAX WITHHELD	TOTAL DUE (1% OF TOTAL WAGES)
			<b>CREDIT FROM PRIOR YEAR ►</b>	
JANUARY FEBRUARY MARCH				
APRIL MAY JUNE				
JULY AUGUST SEPTEMBER				
OCTOBER NOVEMBER DECEMBER				
<b>TOTALS</b>				