CITY OF NEW CARLISLE INCOME TAX DIVISION
PO BOX 419
NEW CARLISLE, OH 45344-0419
PHONE: 937-845-9492
WEBSITE: WWW.NEWCARLISLE.NET

IMPORTANT TAX NOTICE

WITHHOLDING TAX RETURNS (W-1's) - 2016

ANNUAL RECONCILIATION (W-3) - 2016

EMPLOYER'S MUNICIPAL INCOME TAX WITHHOLDING FORM PACKET

GENERAL INFORMATION & INSTRUCTIONS FOR PREPARING W-1 FORMS

Each employer located within or doing business with the City of New Carlisle who employs one or more persons is required to withhold the tax of 1.5% from all compensation paid to employees at the time the compensation is paid, and to file a W-1 form and remit the tax to the New Carlisle Income Tax Division, PO Box 419, New Carlisle, Ohio 45344-0419.

Monthly: All returns and payments are due on or before the 15th day of each month for the amount withheld during the preceding month.

Quarterly: All returns and payments are due on or before the 15th day of the month for the amount withheld during the preceding calendar quarter.

Delinquent payments shall be subject to penalty, interest and late filing fee charges as outlined in the New Carlisle Income Tax Rules and Regulations.

Postage meter dates are not recognized as verification of timely filing.

Failure of any employer to receive or procure a W-1 form shall not excuse him/her from making the return or from remitting the tax withheld.

Line 1: Enter total compensation paid to all taxable employees during the period for which the return is made. If no compensation was paid during the period indicate this and return the W-1 form.

Line 2: Compute New Carlisle tax due (1.5% times Payroll amount).

Line 3: If a courtesy withholding, enter New Carlisle tax withheld as a courtesy.

Line 4: Show any adjustments to tax due, i.e. additional tax withheld at employee(s) request, shortage for prior period, etc. Provide explanation of adjustment.

Line 5: Enter amount remitted (Lines 2 + 3 + 4).

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
2. AMOUNT OF NEW CARLISLE TAX WITHHELD (1.5%) .. $ _____
3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

NAME AND ADDRESS

FOR MONTH(S) OF
JANUARY

DUE ON OR BEFORE
FEBRUARY 15, 2016

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

Notify the Tax Division promptly of any change in name, ownership or address.

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
2. AMOUNT OF NEW CARLISLE TAX WITHHELD (1.5%) .. $ _____
3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

NAME AND ADDRESS

FOR MONTH(S) OF
FEBRUARY

DUE ON OR BEFORE
MARCH 15, 2016

Notify the Tax Division promptly of any change in name, ownership or address.

2

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
2. AMOUNT OF NEW CARLISLE TAX WITHHELD (1.5%) .. $ _____
3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

NAME AND ADDRESS

FOR MONTH(S) OF
MARCH

DUE ON OR BEFORE
APRIL 15, 2016

Notify the Tax Division promptly of any change in name, ownership or address.

3

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
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3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

NAME AND ADDRESS

FOR MONTH(S) OF
APRIL

DUE ON OR BEFORE
MAY 15, 2016

Notify the Tax Division promptly of any change in name, ownership or address.

4

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
2. AMOUNT OF NEW CARLISLE TAX WITHHELD (1.5%) .. $ _____
3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

NAME AND ADDRESS

FOR MONTH(S) OF
MAY

DUE ON OR BEFORE
JUNE 15, 2016

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

5

Notify the Tax Division promptly of any change in name, ownership or address.

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
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4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

NAME AND ADDRESS

FOR MONTH(S) OF
JUNE

DUE ON OR BEFORE
JULY 15, 2016

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

6

Notify the Tax Division promptly of any change in name, ownership or address.

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
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3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

NAME AND ADDRESS

FOR MONTH(S) OF
JULY

DUE ON OR BEFORE
AUGUST 15, 2016

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

7

Notify the Tax Division promptly of any change in name, ownership or address.

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
2. AMOUNT OF NEW CARLISLE TAX WITHHELD (1.5%) .. $ _____
3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

NAME AND ADDRESS

FOR MONTH(S) OF
AUGUST

DUE ON OR BEFORE
SEPTEMBER 15, 2016

Notify the Tax Division promptly of any change in name, ownership or address.

8

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
2. AMOUNT OF NEW CARLISLE TAX WITHHELD (1.5%) .. $ _____
3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

NAME AND ADDRESS

FOR MONTH(S) OF
SEPTEMBER

DUE ON OR BEFORE
OCTOBER 15, 2016

Notify the Tax Division promptly of any change in name, ownership or address.

9

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
2. AMOUNT OF NEW CARLISLE TAX WITHHELD (1.5%) .. $ _____
3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

NAME AND ADDRESS

FOR MONTH(S) OF
OCTOBER

DUE ON OR BEFORE
NOVEMBER 15, 2016

Notify the Tax Division promptly of any change in name, ownership or address.

10

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
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3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

NAME AND ADDRESS

FOR MONTH(S) OF
NOVEMBER

DUE ON OR BEFORE
DECEMBER 15, 2016

11

Notify the Tax Division promptly of any change in name, ownership or address.

W-1 EMPLOYER'S RETURN OF TAX WITHHELD – NEW CARLISLE ☐ AMENDED (Attach Explanation) **RETURN WITH PAYMENT**

1. PAYROLL THIS PERIOD..... $ _____
2. AMOUNT OF NEW CARLISLE TAX WITHHELD (1.5%) .. $ _____
3. AMOUNT OF COURTESY TAX WITHHELD (1.5%) ..... $ _____
4. ADJUSTMENT OF TAX..... $ _____
5. AMOUNT REMITTED..... $ _____

TOTAL REMITTANCE ..... $ _____

Is this a courtesy withholding? Yes ☐ No ☐

Is this a final return? Yes ☐ No ☐ If yes, provide explanation

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

(Signed) _____

(Official Title) _____ (Date) _____

(Federal ID) _____ (Phone) _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL FORM & REMITTANCE TO:
DIVISON OF TAXATION
PO BOX 419
NEW CARLISLE, OH 45344-0419

PHONE: 937-845-9492

NAME AND ADDRESS

FOR MONTH(S) OF
DECEMBER

DUE ON OR BEFORE
JANUARY 15, 2017

12

Notify the Tax Division promptly of any change in name, ownership or address.

WITHHOLDING ANNUAL RECONCILIATION (W-3 FORM) INFORMATION

GENERAL INFORMATION

On or before the last day of February of each year, each employer must file a withholding reconciliation (W-3) form. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must include 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 W-2's are not available, each employer must provide a listing of all employees subject to New Carlisle tax. The listing shall include the same information as required on the W-2 forms.

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

SPECIFIC FILING INFORMATION

The W-3 form must show a breakdown of all withholding payments made, either quarterly or monthly, in the spaces provided. The amount paid and the amount withheld should be the same. If they are not the same, attach an explanation of the discrepancy.

If a balance due is indicated, the amount must be paid on or before the last day of February. **If an overpayment is indicated, amended returns for the for the month or quarter in which the overpayment occurred must be filed.**

The completed W-3 and copies of the W-2's must be submitted to the New Carlisle Income Tax Division, PO Box 419, New Carlisle, Ohio 45344-0419, on or before the last day of February of each year.

W-3 ANNUAL RECONCILIATION – NEW CARLISLE

MAIL TO: NEW CARLISLE TAX DIVISION
PO BOX 419
NEW CARLISLE, OH 45344-0419
Phone 937-845-9492
www.newcarlisle.net

TAX YEAR ENDING: 2016

DUE DATE: FEBRUARY 28, 2017 (paper W-2's must be included)

PAYMENT ENCLOSED ☐

REFUND REQUESTED ☐ SEE INSTRUCTIONS

NAME AND ADDRESS

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

ALL SECTIONS MUST BE COMPLETED

1. NUMBER OF NEW CARLISLE W-2's..... $_____
2. ANNUAL WAGES FOR NEW CARLISLE ..... $_____
3. NEW CARLISLE TAX WITHHELD (1.5% OF LINE 2) ... $_____
4. COURTESY TAX WITHHELD..... $_____
5. TAX ADJUSTMENTS..... $_____
6. TOTAL NEW CARLISLE TAX DUE..... $_____

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

Signed _____ Title _____

Federal ID: _____ Date _____

Phone: _____

WITHOLDING TAX WORKSHEET – KEEP FOR YOUR RECORDS – (DO NOT FILE)

PERIOD ENDING	PAYMENT DUE DATE	PAYMENT DATE	CHECK NUMBER	AMOUNT PAID
JANUARY	02/15			
FEBRUARY	03/15			
MARCH/QTR 1	**04/15**			
APRIL	05/15			
MAY	06/15			
JUNE/QTR 2	**07/15**			
JULY	08/15			
AUGUST	09/15			
SEPTEMBER/QTR 3	**10/15**			
OCTOBER	11/15			
NOVEMBER	12/15			
DECEMBER/QTR 4	**01/15**			
			TOTAL AMOUNT PAID	