P.O. BOX 28
BUCYRUS OH 44820
HOURS MONDAY - FRIDAY
8:30 AM - 5:00 PM
(419) 562-6767
FAX (419) 562-9259

EMPLOYER'S MUNICIPAL INCOME TAX WITHHOLDING FORMS

Forms W-1 (Monthly or Quarterly Statement)
Form W-3 (Annual Reconciliation)

INSTRUCTIONS FOR FILING FORM W-1

WHO HAS TO FILE

All employers, which have one or more employees performing duties within the City of Bucyrus, are required to withhold 1.5% of qualifying wages earned in Bucyrus of all employees 18 years of age or older and remit them to the Income Tax department.

QUALIFYING WAGES

Begin with the Medicare wage base as defined in section 3121(a) of the Internal Revenue Code, and make the following mandatory adjustments:

1. To the extent otherwise included in Medicare wages, deduct amounts attributable to IRC section 125 plans.
2. To the extent otherwise excluded from Medicare wages, add amounts that are exempt from Medicare taxes solely because of the Medicare grandfathering provision (i.e., pre-April 1, 1986 employees).
3. To the extent otherwise excluded from Medicare wages, add ordinary income from the sale, exchange or other disposition of a stock option, the exercise of a stock option, or the sale, exchange or other disposition of stock purchased under a stock option.
4. To the extent otherwise excluded from Medicare wages, add employee contributions and deferrals to IRC section 401(k) or 457 plans.
5. To the extent otherwise excluded from Medicare wages, add supplemental unemployment compensation benefits described in IRC section 3402(o)(2).

FILING FREQUENCY REQUIREMENTS AND DUE DATES:

If the total tax withheld per month is $100.00 or less, it may be filed and remitted on a quarterly basis. If the total tax withheld exceeds $100.00 per month, it must be filed and remitted on a monthly basis. Employers who do not have employees working in Bucyrus and withhold as a courtesy to resident employees may file and remit on a quarterly basis regardless of the amount of tax withheld. A completed W-1 and payment of any tax withheld are due on the last day of the month following the period.

Penalty of 10% and interest of 12% per annum (1% per month or any part of the month) will be assessed to all late payments. There is also a penalty of $5.00 per month (maximum $60.00) for the late filing of a W-1. Failure to receive a withholding booklet or receiving a booklet for the wrong frequency shall not excuse any required employer from complying with the rules and regulations stated above. The use of a generic form W-1 or form W-3 is permitted.

CITY OF BUCYRUS, OHIO **EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD** **Return with Payment**

	DOLLARS	CENTS
1. Qualifying wages paid all Employees subject to Bucyrus City Income Tax Is this a courtesy withholding? ☐ YES Is this a final return? ☐ YES ☐ NO If yes, attach explanation	1	
2. Bucyrus tax withheld	2	
3. Adjustment of Tax for prior month (attach explanation)	3	
4. Interest (1% per month)	4	
5. Penalty (10%)	5	
6. Late filing fee ($5.00 per month – max $60.00)	6	
7. Total – (Lines 2-6)	7	

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

(Signed) _____

(Official Title) _____ Date

Federal ID No._____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
January

DUE ON OR BEFORE
February 28, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

☐ AMENDED

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(Signed) _____

(Official Title) _____ Date

Federal ID No._____

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ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
February
DUE ON OR BEFORE
March 31, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

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FORM W-1

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(Signed) _____

(Official Title) _____
Date

Federal ID No._____

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ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
March

DUE ON OR BEFORE
April 30, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

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FORM W-1

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(Signed) _____

(Official Title) _____ Date

Federal ID No._____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
April

DUE ON OR BEFORE
May 31, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

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(Signed) _____

(Official Title) _____ Date

Federal ID No._____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
May

DUE ON OR BEFORE
June 30, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

☐ AMENDED

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

(Signed) _____

(Official Title) _____ Date

Federal ID No._____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
June

DUE ON OR BEFORE
July 31, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

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FORM W-1

☐ AMENDED

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5. Penalty (10%)	5	
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I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date

Federal ID No._____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
July

DUE ON OR BEFORE
August 31, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

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FORM W-1

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(Signed) _____

(Official Title) _____
Date

Federal ID No._____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
August

DUE ON OR BEFORE
September 30, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

☐ AMENDED

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

(Signed) _____

(Official Title) _____
Date

Federal ID No._____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
September

DUE ON OR BEFORE
October 31, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

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7. Total – (Lines 2-6)	7	

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

(Signed) _____

(Official Title) _____
Date

Federal ID No._____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
October

DUE ON OR BEFORE
November 30, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

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

(Signed) _____

(Official Title) _____
Date

Federal ID No._____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
November

DUE ON OR BEFORE
December 31, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

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FORM W-1

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

(Signed) _____

(Official Title) _____ Date

Federal ID No._____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS

NAME AND ADDRESS

FOR THE MONTH OF
December

DUE ON OR BEFORE
January 31, _____

MAIL TO: **CITY OF BUCYRUS**
Income Tax Dept.
P.O. BOX 28
BUCYRUS, OHIO 44820
TELEPHONE (419) 562-6767

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

☐ AMENDED

WITHHOLDING RECONCILIATION INSTRUCTIONS

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, qualifying 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 Bucyrus tax. The listing shall require the same type of information as is required of the W-2 forms as stated above.

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. **Failure to provide this information can result in a $500.00 penalty.**

SPECIFIC FILING INFORMATION

The front of the Form W-3 must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. The number of employees, total paid, Bucyrus taxable wages and the total Bucyrus tax withheld boxes must also be completed. Please keep a copy for your records. An explanation of any difference, other than rounding, between the tax liability and the tax remitted must be submitted. The completed W-3 form and all attachments must be submitted to the City of Bucyrus Income Tax Department, P.O. Box 28, Bucyrus, OH 44820, on or before February 28 of each year. Any questions in completing the Form W-3 should be referred to the Income Tax Department.

Form W-3

Income Tax Dept.
P.O. Box 28 --- Bucyrus Ohio 44820
Reconciliation of Bucyrus Income Tax Withheld and Transmittal of W-2 Forms for 20___

MONTHLY PAYMENTS

JAN.	_____	JULY	_____
FEB.	_____	AUG.	_____
MAR.	_____	SEPT.	_____
APRIL	_____	OCT.	_____
MAY	_____	NOV.	_____
JUNE	_____	DEC.	_____

Account No.

QUARTERLY PAYMENTS

1st Qtr. _____ 2nd Qtr. _____
3rd Qtr. _____ 4th Qtr. _____

_____

1) Number of W-2 Forms attached _____
2) Total Taxable Wages as reported on W-2 Forms attached _____
3) Bucyrus Tax Rate _____ x 1.5%
4) Tax Liability $ _____
5) Total City Tax withheld as remitted on Form W-1 for year $ _____
6) Difference between line 4 and 5, other than rounding. (Attach Explanation) _____

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

_____

Signature Title Date

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Voucher No.	Month Ending	Payment Due	Check No.	Date	Amount Paid
1.	1/31	2/28			
2.	2/28	3/31			
3.	3/31	4/30			
4.	4/30	5/31			
5.	5/31	6/30			
6.	6/30	7/31			
7.	7/31	8/31			
8.	8/31	9/30			
9.	9/30	10/31			
10.	10/31	11/30			
11.	11/30	12/31			
12.	12/31	1/31			

TOTAL AMOUNT PAID _____