

## HOW TO PREPARE THIS FORM:

**LINE 1** – Enter total taxable compensation PAID to all employees during the period for which the return is made. If no compensation was paid during the period, indicate zero and return form.

**LINE 2** – Enter total of ACTUAL tax withheld from taxable employee during the period for City of Franklin, Ohio – Local Tax.

**LINE 3** – To adjust current payment of actual tax withheld for overpayment in previous period.

Late fee, penalty and interest will be calculated based on tax withheld and date payment is postmarked.

**LINE 4** – Total payment submitted with W1 form.

Payment must accompany form and be postmarked by due date to avoid penalty. The due date is the 15th day of the month following the period end for monthly filing or the last business day of the month following the period end for quarterly filing.

**If this is the initial return, the payment and form must be submitted with the appropriate questionnaire. Failure to include the questionnaire will delay processing and result in payment being returned pending receipt of completed questionnaire.**

Questionnaires are available online at [franklinohio.org](http://franklinohio.org).

City of Franklin Tax Division (937) 986-1035

If your withholding liability is \$2,399 or greater for the year, you are required to remit payments monthly. If your liability is less than \$2,399 for the year, you may elect to submit quarterly. Courtesy withholding may be submitted quarterly upon written request.

Payments received after the due date are subject to penalty, interest and late filing fees.

# FORM W1 – EMPLOYER’S RETURN OF TAX WITHHELD

		DO NOT ROUND
1.	Taxable earnings paid all employees subject to city income tax.....	1. \$
2.	Actual tax withheld in period for city income tax .....	2. \$
3.	Adjustment of tax (prior period) .....	3. \$
	LATE FEE, PENALTY AND INTEREST CALCULATED UPON RECEIPT .....	\$
4.	<b>TOTAL PAID</b> .....	4. \$

MAKE CHECK PAYABLE TO:

**CITY OF FRANKLIN, OHIO  
INCOME TAX DIVISION  
1 BENJAMIN FRANKLIN WAY  
FRANKLIN, OHIO 45005-2478  
PHONE: (937) 986-1035**

**FID #:** \_\_\_\_\_

NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGES IN OWNERSHIP OR NAME AND ADDRESS

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO BEST OF MY KNOWLEDGE

Number of Taxable Employees..... \_\_\_\_\_

FILING REQUIRED EVEN IF NO TAX DUE FOR THE PERIOD

**FOR THE PERIOD ENDING**

DUE ON OR BEFORE THE 15TH DAY OF THE MONTH FOLLOWING PERIOD END OR THE LAST BUSINESS DAY OF THE MONTH FOLLOWING THE PERIOD END

(SIGNED) \_\_\_\_\_

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

(OFFICIAL TITLE) \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

NAME

ADDRESS

CITY

STATE

ZIP

# ANNUAL RECONCILIATION (FORM W3)

## GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation on the City of Franklin Form W/3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W/2 forms must provide 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 the W/2 forms are not available, each employer must provide a listing of all employees subject to the City of Franklin tax. The listing must contain the same information as required on the W/2 form.

Electronic copies are not acceptable.

## SPECIFIC FILING INFORMATION

The Form W/3 must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. Lines 1-9 must also be completed. The amount paid and the amount withheld should be equal. If line 9 indicates a balance due, submit the payment along with Form W/3. If line 9 indicates an over payment of more than ten dollars (\$10), either request a refund or request to credit towards the next period. **ALL SUCH REQUESTS MUST BE SUBMITTED SEPERATELY FROM THE W/3 AND CANNOT BE REQUESTED BY THIRD PARTY PAYER. ALL REQUESTS MUST COME FROM EMPLOYER.** The completed Form W/3 and all attachments must be submitted to the City of Franklin, Income Tax Department, 1 Benjamin Way, Franklin, Ohio 45005-2478 on or before February 28.

Contact the City of Franklin, Income Tax Division at (937) 986-1035 for assistance.

**CITY OF FRANKLIN WITHHOLDING TAX RECONCILIATION FOR TAX YEAR 2021**  
**SUBMIT BY FEBRUARY 28. W/2s MUST BE ATTACHED**

Fed ID #: \_\_\_\_\_

THIS IS A COURTESY WITHHOLDING AT \_\_\_\_\_ % RATE.

- 1) TOTAL NUMBER OF W-2S ATTACHED ..... \_\_\_\_\_
- 2) TOTAL PAYROLL FOR YEAR: ..... \$ \_\_\_\_\_
- 3) LESS PAYROLL NOT SUBJECT TO TAX: ..... \$ \_\_\_\_\_
- 4) PAYROLL SUBJECT TO TAX: ..... \$ \_\_\_\_\_
- 5) WITHHOLDING TAX LIABILITY @ 2.0% OF LINE 4: ..... \$ \_\_\_\_\_
- 6) TAX WITHHELD ..... \$ \_\_\_\_\_
- 7) MANDATORY: Enter larger of line 5 or line 6 ..... \$ \_\_\_\_\_  
 COURTESY: Enter line 6
- 8) TOTAL PAID: ..... \$ \_\_\_\_\_
- 9) DIFFERENCE (line 7 minus line 8): ..... \$ \_\_\_\_\_

REFUND OR CREDIT ONLY IF LINE 9 IS \$10 OR MORE

**REFUND MUST BE REQUESTED IN WRITING ON COMPANY LETTERHEAD**

NAME

ADDRESS

CITY

STATE

ZIP

\$ JANUARY	\$ FEBRUARY	\$ MARCH	\$ 1ST QTR
\$ APRIL	\$ MAY	\$ JUNE	\$ 2ND QTR
\$ JULY	\$ AUGUST	\$ SEPTEMBER	\$ 3RD QTR
\$ OCTOBER	\$ NOVEMBER	\$ DECEMBER	\$ 4TH QTR

Total Paid For Year:..... \$ \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

**MAIL TO: CITY OF FRANKLIN  
 INCOME TAX DIVISION  
 1 BENJAMIN FRANKLIN WAY  
 FRANKLIN, OH 45005-2478**

**PHONE: (937) 986-1035  
 FAX: (937) 746-1136**

**Form W3**

PLEASE PROVIDE ANY INFORMATION THAT MAY ASSIST US DURING OUR REVIEW PROCESS. THIS MAY AVOID PHONE CALLS AND/OR CORRESPONDENCE