

**City of Franklin Income Tax Division
RETURN OF INCOME TAX WITHHELD**

Business Name: _____

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:

City of Franklin
Income Tax Division
1 Benjamin Franklin Way
Franklin, Ohio 45005
937-986-1035



Tax Rate: 2.00%

Account #:
FEIN:

Quarterly
Monthly

Withholding Period	Due Date
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during _____ FORM TW-1

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