

TAX YEAR: _____

1. Total Number of W-2's Enclosed	_____
2. Total Payroll for the Year	\$_____
3. Less Payroll Not Subject To Tax (Attach Explanation)	\$_____
4. Payroll Subject to Tax	\$_____
5. Withholding Tax Liability at 2% of Line 4	\$_____

Cheviot Income Tax Remitted	
First Quarter Ending March 31	\$_____
Second Quarter Ending June 30	\$_____
Third Quarter Ending Sept 30	\$_____
Fourth Quarter Ending Dec 31	\$_____
6. Total Remitted for the Year	\$_____
7a. Overpayment (Line 6 less Line 5)	\$_____
7b. Additional Tax Due (Line 5 less Line 6)	\$_____
No Tax Less Than \$1.00 Will Be Collected	

Make Remittance Payable to: City of Cheviot

City of Cheviot Withholding Account Number:

Employer's Name:

Employer's Address:

EIN:

Name and Phone Number of person filling this out:

File With:**City of Cheviot****Income Tax Office****3814 Harrison Avenue****Cheviot, Ohio 45211****Phone: (513) 661-7854****Fax: (513) 661-0702****Email: Tax@Cheviot.org****Webpage: www.Cheviot.org**

Please Make Sure to Retain a Copy for Your Records