## DW1 Dayton Ohio

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_

DW1 Dayton Ohio  Employer's return of employee income tax withheld  Dayton Payroll this period Dayton Tax (@ 2.25%) Dayton resident withholding (various %)  Total Dayton tax withheld Prior period adjustment (If adjusted, please provide explanation on back of this form)	Is this an amended return?  yes  no Is this a Final return?	I certify that the information and statements contained herien are true and correct. (Declaration signature is required)  (Signed)  (Official title)  Date Phone #
6. Amount remitted \$	」 □ yes □ no	Federal tax ID #
Number of employee's  Name  Address  City  State, Zip,	For the tax period ending    Filing MONTHLY   Filing QUARTERLY*  * Quarterly can not exceed \$450	DO DOY 2000
DW1 Dayton Ohio  Employer's return of employee income tax withheld  1. Dayton Payroll this period 2. Dayton Tax (@ 2.25%) 3. Dayton resident withholding (various %) 4. Total Dayton tax withheld 5. Prior period adjustment (If adjusted, please provide explanation on back of this form)  6. Amount remitted	Is this an amended return?  yes  no Is this a Final return?  yes  no	I certify that the information and statements contained herien are true and correct. (Declaration signature is required)  (Signed)  (Official title)  Date Phone #  Federal tax ID #
Name	For the tax period ending	Returns are due 15 days after the end of the withholding period.
Address		Make Check or money order payable to  CITY OF DAYTON  Mail to
City	☐ Filing MONTHLY ☐ Filing QUARTERLY	CITY OF DAYTON
State, Zip,	* Quarterly can not exceed \$45	
DW1 Dayton Ohio  Employer's return of employee income tax withheld  1. Dayton Payroll this period 2. Dayton Tax (@ 2.25%) 3. Dayton resident withholding (various %) 4. Total Dayton tax withheld 5. Prior period adjustment (If adjusted, please provide explanation on back of this form)  6. Amount remitted	Is this an amended return?  yes  no Is this a Final return?	I certify that the information and statements contained herien are true and correct. (Declaration signature is required)  (Signed)  (Official title)  Date Phone #
6. Amount remitted \$	□ yes □ no	Federal tax ID #

For the tax period ending

☐ Filing MONTHLY

☐ Filing QUARTERLY \*

\* Quarterly can not exceed \$450.00

Returns are due 15 days after the end of the withholding period. Make Check or money order payable to

**CITY OF DAYTON** Mail to **CITY OF DAYTON** P.O. BOX 2806 DAYTON, OH 45401-2806