

## **COMMISSIONER OF TAXATION**

400 Conant Street, Maumee, Ohio 43537

Phone: 419-897-7120 • Fax: 419-897-8924 • Email: tax@maumee.org • Website: www.maumee.org

# INSTRUCTIONS FOR PREPARING AND FILING WITHHOLDING RETURN (FORM MW-1)

### WHO MUST FILE:

Each employer within the City of Maumee who employs one or more persons is required to withhold the tax of one and a half percent (1.5%) from all qualifying wages paid to employees at the time such compensation is paid, and to file Withholding Return (Form W-1) and remit the tax to the Maumee Income Tax Division.

### **Deposit Requirements:**

Quarterly - If less than \$300 per month is withheld, the deposit is due by the last day of the month following the last day of each calendar quarter.

 $\underline{\text{Monthly}}$  - If more than \$300 and less than \$3,000 is withheld for a monthly period, the deposit is due by the 15th day of the following month.

<u>Semi-Monthly</u> - If more than \$3,000 is withheld, the deposits are due by the third banking day after the 15th day and the last day of the month.

For a complete description of deposit requirements, you may request a copy of the tax ordinance for the city of Maumee or access the city code at www.maumee.org.

### Failure to File Return and Pay Tax

All taxes, including taxes withheld or required to be withheld from wages by an employer, and remaining unpaid after they become due shall bear interest on the amount of the unpaid tax at the rate of ten percent (10%) per annum (.833% per month or fraction of a month). The taxpayers upon

whom said taxes are imposed as required by the Ordinance, shall be liable in addition thereto, to a penalty of 50% of the amount not timely paid and a late filing penalty of \$25.00.

In addition, any taxpayer who shall fail or refuse to make any return or declaration required by the Ordinance, or any taxpayer who shall refuse to permit the Commissioner of Taxation to examine their books, or who shall knowingly make any incomplete, false or fraudulent return, or who shall attempt to avoid the payment of tax, shall be guilty of a first degree misdemeanor and shall be fined not more than \$1,000 or imprisoned for not more than 6 months or both.

## How to Prepare This Form:

 $\underline{\text{Line 1}}$  – Enter total compensation PAID to all taxable employees during the period for which return is made. If no compensation was paid during the period so indicate and return Form MW-1.

<u>Line</u> 2 – Enter total ACTUAL tax withheld from taxable employees during the period for CITY OF MAUMEE INCOME TAX.

<u>Line 3</u> – Adjust current payment of actual tax withheld for under payment in previous period. For overpayment in previous period, file amended return for that period.

Line 6 - Enter total amount to be remitted.

2024 CITY OF MAUMEE OHIO, EMPLOYER'S MON	THLY RETURN OF TAX WITHE	IELD AMENDED	Return with Payment
No. of Employees Represented on line No. 1 Below  1. Taxable Earnings paid al Employees subject to City of Maumee, Ohio 1.5% (.015) Income Tax		I hereby certify that the information a contained herein are true and correct	
Is this a courtesy withholding? ☐ YES Is this a final return? ☐ YES ☐ NO		(Signed)	
If yes, attach explanation	1	(Official Title)	Date
Actual Tax Withheld in reporting period for City Income Tax	2	(Federal ID No.)	
3. Adjustment of Tax for prior quarter (see instructions)	3	THIS RETURN MU ON OR BEFORE THE DUE I	
4. Penalty (See Instructions)	4	MAKE CHECK OR MONEY	
5. Interest (See Instructions)	5	COMMISSIONER	
6. Total – (Lines 2-5)	6		
If no wages paid this quarter, mark "NONE" and return this form w	rith explanation.	MAILT	
EMPLOYER NAME AND ADDRESS Account #	FOR THE MONTH(S) OF	DIVISION OF T CITY OF MA 400 Cona	NUMEE
	JANUARY	Maumee, OH 4	3537-3300
	MUST BE RECEIVED BY	(419) 897-	7122
	FEBRUARY 15, 2024		
Notify the Division of Taxation promptly of any change in owns Form MW1  2024 CITY OF MAUMEE OHIO, EMPLOYER'S MON'	·	u.u 5.5555 5511 444,555.	
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	FEBRUARY	Maumee, OH 4 (419) 897-	
	MUST BE RECEIVED BY	(110) 301	7.122
	MARCH 15, 2024		
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	APRIL 15, 2024		

Notify the Division of Taxation promptly of any change in ownership or name and address shown above. Form MW1

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

2024 CITY OF MAUMEE OHIO, EMPLOYER'S MONT	HLY RETURN OF TAX WITHH	ELD _	_ AMENDED	Return with Payment
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Notify the Division of Taxation promptly of any change in owner Form MW1	ership or name and address shown a			ibmit additional copy sed, stamped envelope.
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	JUNE		Maumee, OH	43537-3300
	MUST BE RECEIVED BY		(419) 897	7-7122
	JULY 15, 2024			

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SEPTEMBER 15, 2024					
Notify the Division of Taxation promptly of any change in ownership or name and address shown above.    If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.				, ,	
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				(419) 897	-1 122

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If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

2024 CITY OF MAUMEE OHIO, EMPLOYER'S MONT	HLY RETURN OF TAX WITH	HELD L	AMENDED	Return with Payment
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3. Adjustment of Tax for prior quarter (see instructions)	3	ON O	THIS RETURN M R BEFORE THE DUE	UST BE FILED E DATE SHOWN BELOW
Penalty (See Instructions)	4			Y ORDER PAYABLE TO:
5. Interest (See Instructions)	5	_	COMMISSIONER	
6. Total – (Lines 2-5)	6	_	MAIL	TO:
If no wages paid this quarter, mark "NONE" and return this form wi	th explanation.			
EMPLOYER NAME AND ADDRESS	FOR THE MONTH(S) OF OCTOBER MUST BE RECEIVED BY NOVEMBER 15, 2024	DIVISION OF TAXATION  CITY OF MAUMEE  400 Conant St.  Maumee, OH 43537-3300  (419) 897-7122		
Notify the Division of Taxation promptly of any change in own Form MW1  2024 CITY OF MAUMEE OHIO, EMPLOYER'S MONT	·	and		ubmit additional copy sed, stamped envelope. Return with Payment
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If yes, attach explanation  2. Actual Tax Withheld in reporting period for City	1	7		Date
Income Tax	2	(Federal ID N	0.) THIS RETURN M	
Adjustment of Tax for prior quarter (see instructions)	3	ON O		E DATE SHOWN BELOW
Penalty (See Instructions)	4	MAKE	E CHECK OR MONE	Y ORDER PAYABLE TO:
5. Interest (See Instructions)	5	_	COMMISSIONER	OFTAXATION
6. Total – (Lines 2-5)	6		MAIL	TO:
If no wages paid this quarter, mark "NONE" and return this form wi	th explanation.		DIVISION OF	
EMPLOYER NAME AND ADDRESS Account #	FOR THE MONTH(S) OF NOVEMBER	OF CITY OF MAUMEE 400 Conant St. Maumee, OH 43537-3300		ant St. 43537-3300
	MUST BE RECEIVED BY DECEMBER 15, 2024		(419) 89	7-7122
Notify the Division of Taxation promptly of any change in own Form MW1	ership or name and address shown			ubmit additional copy sed, stamped envelope.
2024 CITY OF MAUMEE OHIO, EMPLOYER'S MONT	HLY RETURN OF TAX WITH	HELD	AMENDED	Return with Payment
No. of Employees Represented on line No. 1 Below 1. Taxable Earnings paid al Employees subject to City of Maumee, Ohio 1.5% (.015) Income Tax		I hereby certificontained here	fy that the information rein are true and corre	n and statements ect.
Is this a courtesy withholding? ☐ YES Is this a final return? ☐ YES ☐ NO		(Signed)		
If yes, attach explanation	1	(Official Title)		Date
Actual Tax Withheld in reporting period for City Income Tax	2	(Federal ID No	0.)	
3. Adjustment of Tax for prior quarter (see instructions)	3	ON O	THIS RETURN M R BEFORE THE DUE	UST BE FILED EDATE SHOWN BELOW
Penalty (See Instructions)	4	MAKE	E CHECK OR MONE	Y ORDER PAYABLE TO:
5. Interest (See Instructions)	5	_	COMMISSIONER	OF TAXATION
6. Total – (Lines 2-5)	6		MAIL	TO:
If no wages paid this quarter, mark "NONE" and return this form wi	th explanation.		DIVISION OF	
EMPLOYER NAME AND ADDRESS Account #	FOR THE MONTH(S) OF		CITY OF N	IAUMEE
NAME AND ADDRESS	DECEMBER		400 Cor Maumee, OH	
	MUST BE RECEIVED BY		(419) 89	
	JANUARY 15, 2025			

#### Form MW3 CITY OF MAUMEE - DIVISION OF INCOME TAX

400 CONANT ST., MAUMEE, OH 43537-3300

# WITHHOLDING TAX RECONCILIATION RETURN FOR TAX YEAR 2024

Owner Partner, Member, President, Treasurer

4	Number of W-2's attached\$	•	<b>G</b>	N-2'S BY THE LAST DAY OF FEBRUARY  Non-resident Employers
<ul><li>2.</li><li>3.</li><li>4.</li></ul>	Number of employees working in Maumee at year end\$  Total payroll for the year\$  Less payroll not subject to tax\$  Attach explanation		8. Quarter ended March 31\$ 9. Quarter ended June 30\$ 10. Quarter ended September 30\$ 11. Quarter ended December 31\$ 12. Credits from prior year\$ 13. Total remitted for year\$	Do you withhold tax as a courtesy or because the employee(s) work(s) in the City of Maumee?  □ Courtesy
<ul><li>6.</li><li>7.</li></ul>	Payroll subject to tax\$  Withholding tax liability at  1-1/2% of Line 5\$  Total Maumee tax withheld  per W-2's\$		14. Amount due or overpaid*\$  Difference between Lines 6 and 13  Final Return? Yes No  If Yes, reason	*Refunds are NOT automatically issued If refund of overpayment is requested please attach explanation. If additional
	PLOYER ACCT#	FID#	true and correct. Signed By	and statements contained herein are
_		_		

# **GENERAL INFORMATION**

If name or address is incorrect, make necessary changes.

On or before the last day of February of each year, each employer must file a withholding reconciliation on the City of Maumee Form MW3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2s must include the name, address, social security number, amount of Maumee tax withheld, amount of qualifying wages, name of other city taxes withheld, amounts of other city taxes withheld and the qualifying wages for each other city. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to Maumee tax. The listing shall require the same type of information as is required on the W-2 form.

Any individual(s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earning statement on or before the last day of February of each year. All 1099's or earnings statements shall require the same type of information as is required on the W-2 forms as state above.

## SPECIFIC FILING INFORMATION

The front of the Form MW3 must show a breakdown of all withholding payments made quarterly or monthly, in the boxes provided. Lines 1-7 must be completed. The total tax paid should be equal to 1.5% of Line 5. The completed MW3 form and all attachments must be submitted to the division of Taxation, City of Maumee, 400 Conant St., Maumee OH 43537-3300 on or before the last day of February of each year. Any questions in completing the Form MW3 should be referred to the Division of Taxation at (419) 897-7122, or email tax@maumee.org.

## 2024 Change of Maumee Employee, Name Address or Status

Please use this form to report any changes of mailing address, name, or Out-of-business information. If this change is because you are out of business, you must file a final reconciliation for the final period you were in business on Form MW3. If a change in ownership or a change to business status (such as changing from a sole proprietorship to a corporation) occurs, and you receive a new Federal Employer Identification Number (FEIN), you must file a final reconciliation MW3 for the old account and compete the reverse side of this form to obtain a new Maumee account number. If a merger has taken place the non-survivor must files a final reconciliation Form MW3 and complete the merger information on Maumee Business Questionnaire.

	ling Address	_
		- -
Mail to:		
	CITY OF MAUMEE	
	DIVISION OF INCOME TAX 400 CONANT ST.	
	MAUMEE OH 43537-3300	

**Previous Business Name** 

New Name, Mailing and Location Address, Business Closure				
Business name				
Owner's name/responsible party				
New mailing address				
City	State	ZIP code		
Physical location (street address and number)				
City	State	ZIP code		
Business Closure Date	Telephone Number			