



CITY OF HUBER HEIGHTS
DIVISION OF TAXATION
P.O. BOX 24309; HUBER HEIGHTS, OHIO 45424
PHONE: (937) 237-2976
FAX: (937) 237-2983

FORMS HHW-1

FORMS HHW-3

EMPLOYER CITY TAX WITHHOLDING BOOKLET

NOTE TO EMPLOYERS

This booklet contains forms for the filing of your withholding payments. Included are coupons for each monthly and quarterly period (Forms HHW-1) and a year-end reconciliation (Form HHW-3). In the back of the booklet is a summary sheet for you to keep track of your payments. If you have any questions, you may contact our office at (937) 237-2976. Additional forms and information are available on the City of Huber Heights website at www.hhoh.org.

GENERAL INFORMATION

Each employer located within or doing business within the City of Huber Heights who employs one or more persons, is required to withhold the City of Huber Heights income tax at the rate of 2.0% from all compensation allocated or set aside for, or paid to, the employee(s). The City of Huber Heights income tax must be remitted to the Division of Taxation on a monthly basis unless withholding amounts are less than Five Hundred Dollars (\$500.00) per quarter. Each employer is required to file the Employer's Return of City Tax Withheld (Form HHW-1) along with the monthly or quarterly withholding payments on or before the due dates as shown below. The failure of any employer to receive or procure Form HHW-1 shall not excuse him/her from making this return or from remitting the tax withheld. File Form HHW-1 and remit the tax to the City of Huber Heights, Division of Taxation, P.O. Box 24309, Huber Heights, OH 45424.

MONTHLY: Monthly withholding payments are due the last day of the month following the withholding period.

QUARTERLY: Quarterly withholding payments are due on or before the last day of the month following each calendar quarter (i.e., April 30, July 31, October, January 31). Withholding payments must be less than Five Hundred Dollars (\$500.00) per quarter to be eligible for quarterly filing.

FORM HHW-1 FILING INSTRUCTIONS

- LINE 1** Enter the total compensation allocated, or set aside, or paid to, all taxable employees during the filing period. If no compensation was allocated, set aside, or paid during this period, record a zero (0) on lines 1-7 and return Form HHW-1 to the City of Huber Heights, Division of Taxation.
- LINE 2** Compute tax due. (2.0% times payroll.)
- LINE 3** Enter any adjustments to the tax withheld on line 2; e.g., additional tax withheld at employee request, other city payments, etc. All adjustments must be explained on the back of the form.
- LINE 4** Amount of tax due must be paid with this return.
- LINE 5 & 6** Penalty and Interest on late payments will be calculated by the City of Huber Heights, Division of Taxation.
- LINE 7** Tax due plus penalty and interest, if applicable.

The Federal Identification Number and Responsible Officer's information must be provided for the return to be complete.

PENALTY AND INTEREST

Payment and Form HHW-1 not received on or before the due date shall be considered delinquent and shall be subject to penalty and interest charges as provided for in the City of Huber Heights Tax Ordinance. Contact the City of Huber Heights, Division of Taxation, for the applicable charges.

FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING JANUARY, 20 _____	DUE ON OR BEFORE FEBRUARY 28, 20 _____	ACCOUNT NO.
---	--	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$ _____
2. TAX DUE **(2.0%)** _____
3. ADJUSTMENTS (Explain fully on back of form) _____
4. BALANCE DUE _____
5. PENALTY (To be calculated by Division of Taxation) _____
6. INTEREST (To be calculated by Division of Taxation) _____
7. TOTAL (Make checks payable to the City of Huber Heights). \$ _____

IS THIS A COURTESY WITHHOLDING? YES NO

Notify the City of Huber Heights, Division of Taxation, promptly
of any change in ownership or name and address shown above.



City of Huber Heights

Division of Taxation

P.O. Box 24309

Huber Heights, Ohio 45424

Phone: (937) 237-2976

Fax: (937) 237-2983

www.hhoh.org

Federal I.D. Number _____

I hereby certify that the information and statements
contained herein are true and correct to best of my
knowledge.

Signed By: _____
(Responsible Officer)

Date: _____

Print Name: _____

Telephone: _____

OFFICE USE ONLY

P/M Date: _____

If line 3, ADJUSTMENTS, was completed on front of form, provide explanation here: _____

If this is an AMENDED RETURN, provide explanation here: _____

If this is a FINAL RETURN, provide additional information:

OUT OF BUSINESS _____

Effective Date

MERGED _____

Effective Date

OTHER _____

Provide Explanation

NEW OWNER'S NAME AND ADDRESS

NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

If out of business, you are still required to reconcile tax withholdings by February 28 of the following year.

FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING FEBRUARY, 20 _____	DUE ON OR BEFORE MARCH 31, 20 _____	ACCOUNT NO.
--	---	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$ _____
2. TAX DUE **(2.0%)** _____
3. ADJUSTMENTS (Explain fully on back of form) _____
4. BALANCE DUE _____
5. PENALTY (To be calculated by Division of Taxation) _____
6. INTEREST (To be calculated by Division of Taxation) _____
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NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

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FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING MARCH, 20 _____	DUE ON OR BEFORE APRIL 30, 20 _____ (MONTHLY) APRIL 30, 20 _____ (QUARTERLY)	ACCOUNT NO.
---	--	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$ _____
2. TAX DUE **(2.0%)** _____
3. ADJUSTMENTS (Explain fully on back of form) _____
4. BALANCE DUE _____
5. PENALTY (To be calculated by Division of Taxation) _____
6. INTEREST (To be calculated by Division of Taxation) _____
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Effective Date

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NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

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FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING APRIL, 20 _____	DUE ON OR BEFORE MAY 31, 20 _____	ACCOUNT NO.
---	---	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$ _____
2. TAX DUE **(2.0%)** _____
3. ADJUSTMENTS (Explain fully on back of form) _____
4. BALANCE DUE _____
5. PENALTY (To be calculated by Division of Taxation) _____
6. INTEREST (To be calculated by Division of Taxation) _____
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MERGED _____

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NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

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FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING MAY, 20 _____	DUE ON OR BEFORE JUNE 30, 20 _____	ACCOUNT NO.
---------------------------------------	--	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$ _____
2. TAX DUE **(2.0%)** _____
3. ADJUSTMENTS (Explain fully on back of form) _____
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5. PENALTY (To be calculated by Division of Taxation) _____
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NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

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FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING JUNE, 20 _____	DUE ON OR BEFORE JULY 31, 20 _____ (MONTHLY) JULY 31, 20 _____ (QUARTERLY)	ACCOUNT NO.
--	--	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$
2. TAX DUE **(2.0%)**
3. ADJUSTMENTS (Explain fully on back of form)
4. BALANCE DUE
5. PENALTY (To be calculated by Division of Taxation)
6. INTEREST (To be calculated by Division of Taxation)
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FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING JULY, 20 _____	DUE ON OR BEFORE AUGUST 31, 20 _____	ACCOUNT NO.
--	--	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$ _____
2. TAX DUE **(2.0%)** _____
3. ADJUSTMENTS (Explain fully on back of form) _____
4. BALANCE DUE _____
5. PENALTY (To be calculated by Division of Taxation) _____
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NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

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FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING AUGUST, 20 _____	DUE ON OR BEFORE SEPTEMBER 30, 20 _____	ACCOUNT NO.
--	---	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$ _____
2. TAX DUE **(2.0%)** _____
3. ADJUSTMENTS (Explain fully on back of form) _____
4. BALANCE DUE _____
5. PENALTY (To be calculated by Division of Taxation) _____
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Effective Date

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NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

If out of business, you are still required to reconcile tax withholdings by February 28 of the following year.

FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING SEPTEMBER, 20 _____	DUE ON OR BEFORE OCTOBER 31, 20 _____ (MONTHLY) OCTOBER 31, 20 _____ (QUARTERLY)	ACCOUNT NO.
---	--	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$ _____
2. TAX DUE **(2.0%)** _____
3. ADJUSTMENTS (Explain fully on back of form) _____
4. BALANCE DUE _____
5. PENALTY (To be calculated by Division of Taxation) _____
6. INTEREST (To be calculated by Division of Taxation) _____
7. TOTAL (Make checks payable to the City of Huber Heights)..... \$ _____

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Print Name: _____

Telephone: _____

OFFICE USE ONLY

P/M Date: _____

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If this is an AMENDED RETURN, provide explanation here: _____

If this is a FINAL RETURN, provide additional information:

OUT OF BUSINESS _____

Effective Date

MERGED _____

Effective Date

OTHER _____

Provide Explanation

NEW OWNER'S NAME AND ADDRESS

NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

If out of business, you are still required to reconcile tax withholdings by February 28 of the following year.

FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING OCTOBER, 20 _____	DUE ON OR BEFORE NOVEMBER 30, 20 _____	ACCOUNT NO.
---	--	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$ _____
2. TAX DUE **(2.0%)** _____
3. ADJUSTMENTS (Explain fully on back of form) _____
4. BALANCE DUE _____
5. PENALTY (To be calculated by Division of Taxation) _____
6. INTEREST (To be calculated by Division of Taxation) _____
7. TOTAL (Make checks payable to the City of Huber Heights)..... \$ _____

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Date: _____

Print Name: _____

Telephone: _____

OFFICE USE ONLY

P/M Date: _____

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If this is an AMENDED RETURN, provide explanation here: _____

If this is a FINAL RETURN, provide additional information:

OUT OF BUSINESS _____

Effective Date

MERGED _____

Effective Date

OTHER _____

Provide Explanation

NEW OWNER'S NAME AND ADDRESS

NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

If out of business, you are still required to reconcile tax withholdings by February 28 of the following year.

FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING NOVEMBER, 20	DUE ON OR BEFORE DECEMBER 31, 20	ACCOUNT NO.
--------------------------------------	--	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$
2. TAX DUE **(2.0%)**
3. ADJUSTMENTS (Explain fully on back of form)
4. BALANCE DUE
5. PENALTY (To be calculated by Division of Taxation)
6. INTEREST (To be calculated by Division of Taxation)
7. TOTAL (Make checks payable to the City of Huber Heights)..... \$

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OUT OF BUSINESS _____

Effective Date

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NEW OWNER'S NAME AND ADDRESS

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If out of business, you are still required to reconcile tax withholdings by February 28 of the following year.

FORM HHW-1 EMPLOYER'S RETURN OF CITY TAX WITHHELD

PERIOD ENDING DECEMBER, 20 _____	DUE ON OR BEFORE JANUARY 31, 20 _____ (MONTHLY) JANUARY 31, 20 _____ (QUARTERLY)	ACCOUNT NO.
--	--	-------------

1. COMPENSATION SUBJECT TO CITY OF HUBER HEIGHTS TAX \$ _____
2. TAX DUE **(2.0%)** _____
3. ADJUSTMENTS (Explain fully on back of form) _____
4. BALANCE DUE _____
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NEW OWNER'S FEDERAL IDENTIFICATION NUMBER

If out of business, you are still required to reconcile tax withholdings by February 28 of the following year.

ANNUAL RECONCILIATION (FORM HHW-3)

GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation on the City of Huber Heights Form HHW-3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2 forms must furnish 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 Huber Heights tax. The listing must contain the same information as required on the W-2 form. An adding machine tape listing the amounts of the City of Huber Heights income tax withheld, as indicated by the individual employee W-2 statements, should be included with the HHW-3.

SPECIFIC FILING INFORMATION

The Form HHW-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 of \$1.00 or more, submit the payment along with this Form HHW-3 on or before February 28. If line 9 indicates an over payment of \$1.00 or more, either request a refund or use a credit on your next withholding voucher. The completed Form HHW-3 and all attachments must be submitted to the City of Huber Heights, Division of Taxation, P.O. Box 24309, Huber Heights, Ohio 45424 on or before February 28.

Contact the City of Huber Heights, Division of Taxation at (937) 237-2976 for assistance.

CITY OF HUBER HEIGHTS WITHHOLDING TAX RECONCILIATION FOR TAX YEAR _____
SUBMIT BY FEBRUARY 28. W-2s MUST BE ATTACHED

Acct #: _____

- 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): \$ _____
- IF OVERPAYMENT: REFUND _____ CREDIT TO NEXT YEAR _____

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

Total Paid For Year: \$ _____

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

Signed _____ Title _____

Print Name: _____ Telephone _____

Fed. ID No. _____ Date _____

MAIL TO: **CITY OF HUBER HEIGHTS**
DIVISION OF TAXATION
P.O. BOX 24309
HUBER HEIGHTS, OH 45424

P/M Date: _____

Form HHW-3

MONTHLY WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Period Ending	Due Date	Amount	Date	Check Number	Period Ending	Due Date	Amount	Date	Check Number
1/31	2/28	_____	_____	_____	7/31	8/31	_____	_____	_____
2/28	3/31	_____	_____	_____	8/31	9/30	_____	_____	_____
3/31	4/30	_____	_____	_____	9/30	10/31	_____	_____	_____
1st Qtr.	4/30	_____	_____	_____	3rd Qtr.	10/31	_____	_____	_____
4/30	5/31	_____	_____	_____	10/31	11/30	_____	_____	_____
5/31	6/30	_____	_____	_____	11/30	12/31	_____	_____	_____
6/30	7/31	_____	_____	_____	12/31	1/31	_____	_____	_____
2nd Qtr.	7/31	_____	_____	_____	4th Qtr.	1/31	_____	_____	_____