



NORWOOD TAX OFFICE
4645 MONTGOMERY ROAD
NORWOOD OH 45212

PHONE (513) 458-4590

IMPORTANT TAX INFORMATION

NORWOOD RECONCILIATION OF TAX WITHHELD

CITY OF NORWOOD, OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

AMENDED

RETURN WITH PAYMENT

		DO NOT ROUND
1.	Taxable Earnings paid all Employees subject to City of NORWOOD, Ohio, 2% (.02) Income Tax Is this a courtesy withholding? <input type="checkbox"/> YES Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO... If yes, attach explanation	1. \$
2.	Less: non-taxable items (compensation paid non-residents for services outside Norwood).....	2. \$
3.	Taxable earnings (Item 2 minus item 3)	3. \$
4.	Actual tax Withheld at 2%	4. \$
5.	Penalty (50% of the unpaid withholding tax)	5. \$
6.	Interest (9% per year or .75% per month)	6. \$
7.	Total - (Lines 4-6).....	7. \$

(*) If no wages paid this quarter mark "none" and return the form with explanation

I hereby certify that the information and statements contained herein are true and correct.
 (Signed) _____
 (Official Title) _____ Date _____
 Federal ID no. _____
 Phone no. _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF NORWOOD

MAIL TO:
CITY OF NORWOOD
PO BOX 950305
LOUISVILLE, KY 40295-0305

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

NAME AND ADDRESS

FOR THE PERIOD ENDING
JAN, FEB, MAR

DUE ON OR BEFORE
APRIL 15, 2026

Notify the Income Tax Office promptly of any change in ownership or name and address shown above.

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AMENDED

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NAME AND ADDRESS

FOR THE PERIOD ENDING
APR, MAY, JUN 2026

DUE ON OR BEFORE
JULY 15, 2026

Notify the Income Tax Office promptly of any change in ownership or name and address shown above.

CITY OF NORWOOD, OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

AMENDED

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CITY OF NORWOOD

MAIL TO:
CITY OF NORWOOD
PO BOX 950305
LOUISVILLE, KY 40295-0305

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

NAME AND ADDRESS

FOR THE PERIOD ENDING
JUL, AUG, SEP 2026

DUE ON OR BEFORE
OCTOBER 15, 2026

Notify the Income Tax Office promptly of any change in ownership or name and address shown above.

CITY OF NORWOOD, OHIO, EMPLOYER'S RETURN OF TAX WITHHELD

AMENDED

RETURN WITH PAYMENT

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 Phone no. _____

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CITY OF NORWOOD

MAIL TO:
CITY OF NORWOOD
PO BOX 950305
LOUISVILLE, KY 40295-0305

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

NAME AND ADDRESS

FOR THE PERIOD ENDING
OCT, NOV, DEC 2026

DUE ON OR BEFORE
JANUARY 15, 2027

Notify the Income Tax Office promptly of any change in ownership or name and address shown above.

RECONCILIATION INSTRUCTIONS

Original of this reconciliation form must be filed with the Tax Commissioner of Norwood, OH on or before February 28, 2027 together with copies of W-2 Forms or a list of employees withheld from as requested under line No. 7. List must include employee's name, address, Social Security Number, taxable earnings, and amount of Norwood earnings tax withheld. Make a copy of this form for your records.

**DO NOT SEND THE RECONCILIATION TO:
NORWOOD P.O. BOX 950305 THIS LOCK BOX IS ONLY
FOR QUARTERLY OR MONTHLY PAYMENTS**

**REMIT THIS RECONCILIATION FORM &
W-2 FORMS TO:**

**NORWOOD TAX OFFICE
4645 MONTGOMERY ROAD
NORWOOD, OH 45212**

**CITY OF NORWOOD ANNUAL RECONCILIATION
SUBMIT BY FEBRUARY 28, 2027. W-2'S MUST BE ATTACHED**

**MAIL TO: NORWOOD TAX OFFICE
4645 MONTGOMERY ROAD
NORWOOD, OH 45212
PHONE (513) 458-4590**

FOR TAX YEAR ENDING: _____

PAYMENT ENCLOSED

REFUND REQUESTED

ACCOUNT NO: _____

NAME: _____

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

ALL SECTIONS MUST BE COMPLETED	
1. TOTAL NORWOOD W-2'S	# _____
2. NORWOOD WAGES SUBJECT TO WITHHOLDING TAX ...	\$ _____
3. AMOUNT OF NORWOOD TAX WITHHELD	\$ _____
4. ADJUSTMENT WITH THIS RETURN ..	\$ _____
5. TOTAL NORWOOD TAX PAID	\$ _____

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

Signed _____ Title _____
Federal ID no. _____ Date _____
Phone no. _____

QUARTERLY WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

Quarter Ending	Due Date	Check #	Date	Amount
3/31	4/30	_____	_____	_____
6/30	7/31	_____	_____	_____
9/30	10/31	_____	_____	_____
12/31	1/31	_____	_____	_____