



**CITY OF CUYAHOGA FALLS
INCOME TAX DIVISION**
2310 2nd Street
CUYAHOGA FALLS, OHIO 44221

IMPORTANT TAX INFORMATION

EMPLOYER MUNICIPAL WITHHOLDING BOOKLET

Please note:

Our mailing address is

**City of Cuyahoga Falls
Income Tax Division
2310 2nd St.
Cuyahoga Falls, OH 44221**

The City of Cuyahoga Falls is pleased to provide you this booklet for the filing of your withholding payments.

This booklet includes the following:

CW-1 Forms	Used for the remittance of monthly or quarterly withholding tax
CW-3 Form 2010	Used for the reconciliation of 2010 withholdings

The City of Cuyahoga Falls income tax rate is 2.0%. Salaries, wages and other compensation of all persons under 18 years of age are exempt. Employers must file on a monthly basis unless the annual withholding is less than \$1,200.00.

The City of Cuyahoga Falls is accepting the use of magnetic media (diskette) for the year end reporting of W-2s for employee wages. The CW-3 Form must be submitted with the diskette. The information must conform to IRS requirements for filing. For further information, please contact the Income Tax Office at 330-971-8220 or visit our website at www.cityofcf.com.

**Instructions for Monthly and Quarterly Withholding
Forms (CW-1)**

- Line 1 Enter the gross wages applicable to Cuyahoga Falls withholding tax.
- Line 2 Multiply line 1 by the city's 2.0% tax rate.
- Line 3 Enter any adjustments for prior periods.
- Line 4 Interest is calculated at 1.5% per month. Contact us for penalty information.
- Line 5 Enter the total amount due by adding lines 2, 3 and 4.
Make check payable to the City of Cuyahoga Falls.
Enter the check number on the CW-1 form.

Note: If the preprinted information on these forms is not correct please make the appropriate changes.

**City of Cuyahoga Falls
Income Tax Division
2310 2nd Street
Cuyahoga Falls, Oh 44221**

Employer's Municipal Tax Withholding Statement

FED ID #	Period	Due Date
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**Form
CW-1**

- 1. Total wages subject to Cuyahoga Falls withholding tax.....\$ _____
- 2. Total payroll tax withheld for the period (line 1 x 2.0%)\$ _____
- 3. Adjustments for prior periods\$ _____
- 4. Penalty / Interest\$ _____
- 5. Amount due (total, lines 2, 3 and 4)\$ _____

I declare that this return has been examined by me and to the best of my knowledge and belief is a true and correct return made in good faith pursuant to the City of Cuyahoga Falls Income Tax Ordinance and Rules and Regulations.

Please return this form with remittance *CHECK #* _____
Make check payable to **City of Cuyahoga Falls**

Signature and Title Date

**Instructions for Withholding Reconciliation
Form (CW-3)**

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| <ul style="list-style-type: none"> Line A Enter the number of W-2s submitted with the reconciliation. Line B Enter the number of 1099s submitted with the reconciliation. Line C Enter amount of sick leave paid by the employer or 3rd Party which is not included in the reconciliation. | <ul style="list-style-type: none"> Line 1 Enter the total payroll for all locations for 2010. Line 2a Enter all payroll earned outside of the City limits which is not subject to Cuyahoga Falls tax. Line 2b Enter all payroll earned by those under age 18 which was not withheld for Cuyahoga Falls. Line 2c Enter any other payroll amounts that were not withheld for Cuyahoga Falls along with the reason. Line 3 Subtract lines 2a, 2b, and 2c from line 1. Line 4 Multiply line 3 by the City's 2.0% tax rate. Line 5 Enter the total amount withheld for employees as indicated by the W-2s. Line 6 Enter the larger amount of line 4 or line 5. Note that if the W-2s indicate that more than 2.0% was withheld, then the higher amount needs to be paid. Line 7 Enter the total amount remitted during the year. Call office for verification if necessary. Line 8 If line 6 is greater than line 7, enter amount of underpayment and enclose payment. Line 9 If line 7 is greater than line 6, enter the amount of overpayment. Checkmark whether you want the overpayment applied as a credit to next year or a refund is to be issued. |
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**City of Cuyahoga Falls
Income Tax Division
2310 2nd Street
Cuyahoga Falls, Oh 44221**

2010 Employer's Municipal Tax Withholding Reconciliation (Due January 31, 2011)

**Form
CW-3**

Fed ID #

- A) Number of W-2s _____ 1. Total payroll for 2010\$ _____
- B) Number of 1099s _____ 2. Payroll not subject to Cuyahoga Falls (City) Taxation\$ _____
- C) 3rd Party Sick Leave _____ 2a. Outside the corporate limits\$ _____
- 2b. Persons under the age of 18\$ _____
- 2c. Other _____ \$ _____
3. Payroll subject to City tax (add line 1 and subtract lines 2a, 2b, 2c)....\$ _____
4. City withholding tax rate (multiply line 3 by 2.0%)\$ _____
5. Amount withheld from employees (per W-2s)\$ _____
6. Enter larger amount of line 4 or line 5 (this is the amount due)\$ _____
7. Total Cuyahoga Falls withholding tax remitted.....\$ _____
8. UNDERPAYMENT\$ _____
(If line 6 is greater than line 7, enter amount and enclose payment)
9. OVERPAYMENT\$ _____
(If line 7 is greater than line 6, enter amount of overpayment)
- If overpayment, check one of the following () Apply the overpayment to next year
() A refund is requested

I declare that this return has been examined by me and to the best of my knowledge and belief is a true and correct return made in good faith pursuant to City of Cuyahoga Falls Income Tax Ordinance and Rules and Regulations.

Signature and Title _____ Date _____

Make check payable to *City of Cuyahoga Falls*

**Withholding Tax Worksheet
(Keep for Your Records)**

Month	Due Date	Check #	Date	WH Amount Remitted
January	February 20, 2010		/ /	\$
February	March 20, 2010		/ /	\$
March	April 20, 2010		/ /	\$
April	May 20, 2010		/ /	\$
May	June 20, 2010		/ /	\$
June	July 20, 2010		/ /	\$
July	August 20, 2010		/ /	\$
August	September 20, 2010		/ /	\$
September	October 20, 2010		/ /	\$
October	November 20, 2010		/ /	\$
November	December 20, 2010		/ /	\$
December	January 20, 2011		/ /	\$
			Total	\$