



City of Pickerington
Income Tax Department
100 Lockville Road
Pickerington, Ohio 43147-1321
Telephone (614) 837-4116
Fax (614) 833-2201
Website: www.pickerington.net

2007
EMPLOYER'S MUNICIPAL INCOME TAX WITHHOLDING FORMS
Forms EQR (Monthly and Quarterly Statement)
Form PW3 (Annual Reconciliation)

NOTE: Quarterly Filers Use First Four Coupons
Quarterly payments due the last day of the following month.
Monthly payments due the 15th day of the following month.
Monthly payments are required if liability is \$100 or more per month.

ACCOUNT NUMBER

Municipal Qualifying Wages for Withholding

Effective Date: January 1, 2004 – Ohio Revised Code Sec. 718.03

Medicare Wages

An employer is required to withhold only on “qualifying wages,” which are wages as defined in Internal Revenue Code Section 3121(a), generally the Medicare Wage Box of the Form W-2.

- ***Medicare Exempt Employees*** - are subject to the requirements for “qualifying wages” in the Medicare Wage Box of the Form W-2 even though that box will remain blank.
- ***Cafeteria Plans*** - IRC Section 125 wages are not included in the definition of Medicare wages and do not need to be deducted from the Medicare Wage Box.
- ***401(k), 457 and Supplemental Unemployment Compensation Benefits*** - These items should all be included in the Medicare Wage Box and are subject to withholding requirements.
- ***Nonqualified Deferred Compensation Plan*** - Income from nonqualified plans is included in the definition of “qualifying wages” at the time the income is deferred and is subject to withholding requirements.
- ***Stock Options*** - Income from the exercise of stock options is included in the definition of “qualifying wages” and is subject to withholding requirements.
- ***Disqualifying Disposition of an Incentive Stock Option*** - Employer is not required to withhold, but the income is considered “qualifying wages” and the recipient is liable for the tax.

Note: *As an employer, if the Medicare Wage Box is not the largest wage figure on the W-2 form, a written explanation will be required.*

EMPLOYER WITHHOLDING INSTRUCTIONS

Any changes or adjustments must be noted on back of EQR Form.

It is required that on or before the last day of the month following the close of the calendar quarter, the taxes withheld in the previous quarter be paid and Form EQR filed with the City of Pickerington. However, if you choose to remit monthly, extra forms are provided and must be returned to the Pickerington Income Tax Department by the 15th day of the following month. Employers who conduct business in the city or courtesy withhold Pickerington City tax will be required to remit monthly if the tax liability is \$100 a month or more. Such payment shall be made to the Administrator within fifteen calendar days after the close of each calendar month.

On each form you submit, enter the period ending date that this form covers and your business name and address.

Form EQR Instructions

WHO MUST FILE - Each employer within, or doing business within, the City of Pickerington who employs one or more persons 18 years of age or older is required to withhold income tax at the rate of 1% from all compensation paid employees at the time or times such compensation is paid and to file form EQR and remit such tax to the Pickerington Income Tax Department.

COURTESY WITHHOLDING - A courtesy withholding rate of 1/2% may be withheld from the gross compensation of employees who are residents of the City of Pickerington and who pay tax to their city of employment. Street listing is available on the city website to aid in verifying residency.

1. Enter the amount of tax withheld on income earned in Pickerington. (1% Rate) on line 1. This includes wages, salaries, bonus and commissions.
2. Enter the amount of any courtesy tax withheld on income not earned in Pickerington on line 2.
3. Enter any adjustment on line 3. All entries must be explained on the back of the form.
4. Enter the total amount of tax due for this period on line 4. This amount must be paid in full.

Penalty and Interest

Returns postmarked after the due date or received without payment are subject to penalty and interest charges as listed.

CITY OF PICKERINGTON
Income Tax Department
100 Lockville Road
Pickerington, Ohio 43147-1321
(614) 837-4116

2007
FORM EQR

FOR PERIOD NO. 1 ENDING _____
Quarterly payments due the last day of the following month.
Monthly payments due the 15th day of the following month.

- | | |
|--|-------------|
| 1. Tax withheld on income earned in Pickerington, (1% rate). | 1. \$ _____ |
| 2. Residence tax withheld. | 2. \$ _____ |
| 3. Adjustments (explain in full on back of form). | 3. \$ _____ |
| 4. Balance Due with this Form. Pay this amount in FULL | 4. \$ _____ |
| 5. Late Payment Interest charges 1 1/2% per month from the due date. | 5. \$ _____ |
| 6. Late Payment Penalty charges | 6. \$ _____ |

10% 1-30 Days, 15% 31-60 Days 20% 61-90 Days, 25% over 90 Days

Total Payment \$

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ACCOUNT NUMBER

Make check payable to City of Pickerington.

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT

SIGNATURE TITLE DATE

PRINT NAME PRINT TITLE

Phone #: _____

Withholding Tax Worksheet
(Keep for your records – Do not file)

CITY OF PICKERINGTON
2007

Withholding Tax Worksheet
(Keep for your records – Do not file)

<u>Month Ending</u>	<u>Due Date</u>	<u>Check#</u>	<u>Date</u>	<u>Amount</u>	<u>Month Ending</u>	<u>Due Date</u>	<u>Check#</u>	<u>Date</u>	<u>Amount</u>
1/31	2/15	_____	_____	_____	7/31	8/15	_____	_____	_____
2/28	3/15	_____	_____	_____	8/31	9/15	_____	_____	_____
3/31	4/15	_____	_____	_____	9/30	10/15	_____	_____	_____
or 1st qtr	4/30	_____	_____	_____	or 3rd qtr	10/31	_____	_____	_____
4/30	5/15	_____	_____	_____	10/31	11/15	_____	_____	_____
5/31	6/15	_____	_____	_____	11/30	12/15	_____	_____	_____
6/30	7/15	_____	_____	_____	12/31	1/15	_____	_____	_____
or 2nd qtr	7/31	_____	_____	_____	or 4th qtr	1/31	_____	_____	_____

INSTRUCTION FOR FORM PW3

WHEN TO FILE - Employers who withheld City of Pickerington Municipal Tax from employees are required to file Form PW3 which serves as the transmittal statement for the Form W-2 which is required by the City of Pickerington Income Tax Division.

WHERE TO FILE - Employers are required to file this return with the Income Tax Department, City of Pickerington, Ohio 43147-1321, by February 28th. Late fee of \$25.00 per month with a maximum of \$100 may be assessed for noncompliance.

RECONCILIATION - Provide an adding machine tape or some other type of reconciliation showing how you arrived at the totals shown on line 6 on this form. Amount remitted must agree with W2 totals of Pickerington tax withheld. If underpaid, remittance is due. If overpaid, indicate refund or carryover.

MAILING - All forms and packages mailed are required to be sent First Class Mail. Large packages may be sent via UPS or delivered to the Income Tax Department at 100 Lockville Road, Pickerington, Ohio 43147-1321.

FORM PW3 is tailored after the federal Form S-W3 which should be familiar to all employers. However, should you have questions or desire additional information, feel free to contact our office.

**INCOME TAX DEPARTMENT
CITY OF PICKERINGTON
100 LOCKVILLE ROAD
PICKERINGTON, OHIO 43147-1321
TELEPHONE (614) 837-4116**

City of Pickerington
 Income Tax Department
 100 Lockville Road
 Pickerington, Ohio 43147
 Phone 614-837-4116

FORM PW3
Employer's Reconciliation of Tax Withheld

for tax year 2007
 Due on or before February 28, 2008

LEGIBLE COPIES OF W-2 FORMS OR
 COMPUTER PRINT-OUTS MUST
 ACCOMPANY THIS FORM.

Check here if employer paying taxes in lieu of withholding – No W-2s necessary

For Period From _____ To _____

1. Total number of employees as represented by Forms W-2 submitted herewith _____
2. TOTAL WAGES FOR THE YEAR TAXED AT 1% \$ _____
3. TAX DUE AT 1% \$ _____
4. TOTAL WAGES FOR THE YEAR TAXED AT 1/2% \$ _____
5. TAX DUE AT 1/2% \$ _____
6. TOTAL TAX DUE FOR THE YEAR \$ _____

ACCOUNT #

7. Income Tax Withheld from compensation as shown by Form EQR for the periods of either monthly or quarterly.

MONTHLY PMTS		QUARTERLY PMTS
Jan. _____	Jul. _____	1 st qtr. _____
Feb. _____	Aug. _____	2 nd qtr. _____
Mar. _____	Sep. _____	3 rd qtr. _____
Apr. _____	Oct. _____	4 th qtr. _____
May _____	Nov. _____	
Jun. _____	Dec. _____	

8. Grand Total Remitted _____
 Line 8 must equal line 6. Or the difference must be accounted for on line 9.

9. If overpayment, check one of the following and indicate amount:

Refund Amount \$ _____ Carry Over Amount \$ _____

If underpayment, please indicate remittance amount: \$ _____