

**DEPARTMENT OF TAXATION  
CITY OF GREENVILLE  
100 PUBLIC SQUARE  
GREENVILLE OH 45331-1499**

**PHONE (937) 548-5747**

**IMPORTANT TAX INFORMATION**

**EMPLOYER MUNICIPAL WITHHOLDING BOOKLET**

# INSTRUCTIONS FOR PREPARING AND FILING FORM WH-M

## WHO MUST FILE:

Any employer within or doing business within the City of Greenville, Ohio, who employs one or more persons (full time or part time) age (18) eighteen and older is required to withhold Greenville Tax at the rate of 1.5% (.015) from all salaries, wages, commissions, incentive payments, director fees, bonuses and other compensations paid to employees in accordance with Ohio Revised Code 718 at the time such compensation is paid.

## DEPOSIT REQUIREMENTS:

In the event a due date falls on a weekend or on a legal holiday, the due date is extended until midnight of the next business day.

**Quarterly** – If tax withheld or required to be withheld is less than \$200 per month, remittance is due by the last day of the month following the end of the quarterly period.

**Monthly** – If tax withheld or required to be withheld is equal to or greater than \$200 per month, remittance is due by the fifteenth (15th) day of the following month.

## 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 (See City Website for Rates) and a late payment penalty not to exceed fifty percent (50%) of the unpaid tax. The failure to receive a withholding deposit form shall not excuse an employer from making a return and depositing the taxes withheld.

## HOW TO PREPARE THIS FORM:

**Line 1** – Enter taxable qualifying wages paid or accrued to employees subject to Greenville Income Tax during the period for which the return is made. If you are an employer who withholds for Greenville residents working in another city (courtesy), please check the courtesy box. If this filing and remittance is the last one for this account, please check the final box.

**Line 2** – Enter the actual tax withheld for the taxable period.

**Line 3** – Adjust current payment of actual tax withheld for under payment or over payment in previous period. Attach explanation if necessary.

**Line 4 & 5** – See instructions under Failure to File Return and Pay Tax.

**Line 6** – Enter the sum of lines 2, 3, 4 and 5 and remit total amount due.

NOTE: THE GREENVILLE TAX ORDINANCE NO. 15-119 PROVIDES COMPLETE EMPLOYER REQUIREMENTS AND IS AVAILABLE ON OUR WEBSITE: [www.cityofgreenville.org](http://www.cityofgreenville.org).

# CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

FINAL  COURTESY  AMENDED

**RETURN FORM WITH PAYMENT**

		DO NOT ROUND
1.	Taxable Earnings paid all Employees subject to City of Greenville, Ohio, 1.5% (.015) Income Tax .....	1.
2.	Actual Tax Withheld in month for City Income Tax....	2.
3.	Adjustment of tax for prior month (see instructions) .	3.
4.	Penalty (Not to exceed 50% of the total tax due).....	4.
5.	Interest (5.0% per annum or 0.42% per month).....	5.
6.	Total – (Lines 2-5) .....	6.

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

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO:

**CITY OF GREENVILLE**

**MAIL TO:**

**DEPARTMENT OF TAXATION**

**CITY OF GREENVILLE**

100 PUBLIC SQUARE  
GREENVILLE, OH 45331-1499

(937) 548-5747

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

**MONTHLY**

FOR MONTH ENDING  
**JANUARY 31, 2021**

DUE ON OR BEFORE  
**FEBRUARY 15, 2021**

**FORM WH-M**

**CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

FINAL  COURTESY  AMENDED

**RETURN FORM WITH PAYMENT**

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**CITY OF GREENVILLE**

100 PUBLIC SQUARE  
GREENVILLE, OH 45331-1499

(937) 548-5747

**MONTHLY**

FOR MONTH ENDING  
**FEBRUARY 28, 2021**

DUE ON OR BEFORE  
**MARCH 15, 2021**

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

**CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

FINAL  COURTESY  AMENDED

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**CITY OF GREENVILLE**

100 PUBLIC SQUARE

GREENVILLE, OH 45331-1499

(937) 548-5747

**MONTHLY**

FOR MONTH ENDING

**MARCH 31, 2021**

DUE ON OR BEFORE

**APRIL 15, 2021**

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

**CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

FINAL  COURTESY  AMENDED

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**MAIL TO:**

**DEPARTMENT OF TAXATION**

**CITY OF GREENVILLE**

100 PUBLIC SQUARE

GREENVILLE, OH 45331-1499

(937) 548-5747

**MONTHLY**

FOR MONTH ENDING

**APRIL 30, 2021**

DUE ON OR BEFORE

**MAY 15, 2021**

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

**CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

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**DEPARTMENT OF TAXATION**

**CITY OF GREENVILLE**

100 PUBLIC SQUARE  
GREENVILLE, OH 45331-1499

(937) 548-5747

**MONTHLY**

FOR MONTH ENDING  
**MAY 31, 2021**

DUE ON OR BEFORE  
**JUNE 15, 2021**

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

# CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

FINAL  COURTESY  AMENDED

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**DEPARTMENT OF TAXATION**

**CITY OF GREENVILLE**

100 PUBLIC SQUARE

GREENVILLE, OH 45331-1499

(937) 548-5747

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

**MONTHLY**

FOR MONTH ENDING

**JUNE 30, 2021**

DUE ON OR BEFORE

**JULY 15, 2021**

**FORM WH-M**



# CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

FINAL  COURTESY  AMENDED

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**MAIL TO:**

**DEPARTMENT OF TAXATION**

**CITY OF GREENVILLE**

100 PUBLIC SQUARE  
GREENVILLE, OH 45331-1499

(937) 548-5747

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

**MONTHLY**

FOR MONTH ENDING

**JULY 31, 2021**

DUE ON OR BEFORE

**AUGUST 15, 2021**

**FORM WH-M**

**CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

FINAL  COURTESY  AMENDED

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**CITY OF GREENVILLE**

**MAIL TO:**

**DEPARTMENT OF TAXATION**

**CITY OF GREENVILLE**

100 PUBLIC SQUARE  
GREENVILLE, OH 45331-1499

(937) 548-5747

**MONTHLY**

FOR MONTH ENDING  
**AUGUST 31, 2021**  
DUE ON OR BEFORE  
**SEPTEMBER 15, 2021**

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

**CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

FINAL  COURTESY  AMENDED

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**MAIL TO:**

**DEPARTMENT OF TAXATION**

**CITY OF GREENVILLE**

100 PUBLIC SQUARE  
GREENVILLE, OH 45331-1499

(937) 548-5747

**MONTHLY**

FOR MONTH ENDING  
**SEPTEMBER 30, 2021**  
DUE ON OR BEFORE  
**OCTOBER 15, 2021**

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

# CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

FINAL    COURTESY    AMENDED

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**MAIL TO:**

**DEPARTMENT OF TAXATION**

**CITY OF GREENVILLE**

100 PUBLIC SQUARE

GREENVILLE, OH 45331-1499

(937) 548-5747

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

**MONTHLY**

FOR MONTH ENDING

**OCTOBER 31, 2021**

DUE ON OR BEFORE

**NOVEMBER 15, 2021**

**FORM WH-M**

**CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

FINAL  COURTESY  AMENDED

**RETURN FORM WITH PAYMENT**

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**MAIL TO:**

**DEPARTMENT OF TAXATION**

**CITY OF GREENVILLE**

100 PUBLIC SQUARE  
GREENVILLE, OH 45331-1499

(937) 548-5747

**MONTHLY**

FOR MONTH ENDING  
**NOVEMBER 30, 2021**  
DUE ON OR BEFORE  
**DECEMBER 15, 2021**

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

**CITY OF GREENVILLE, OHIO, EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

FINAL  COURTESY  AMENDED

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**CITY OF GREENVILLE**

100 PUBLIC SQUARE  
GREENVILLE, OH 45331-1499

(937) 548-5747

**MONTHLY**

FOR MONTH ENDING  
**DECEMBER 31, 2021**

DUE ON OR BEFORE  
**JANUARY 15, 2022**

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

## GENERAL INFORMATION

On or before the last day of February of each year, each employer must file a withholding reconciliation using the City of Greenville Form WH-R. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must furnish the name, address, social security number, qualifying 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 Greenville tax. The listing shall require the same type of information as is required on the W-2 form.

Any individual, association, or business entity that is required under the Internal Revenue Code to issue form 1099-MISC to any person shall on or before the last day of February of each year, file copies of said 1099's to the Income Tax Department. If 1099 copies are not available, a listing with the same information as contained on form 1099 may be submitted.

## SPECIFIC FILING INFORMATION

The front of the Form WH-R must show a breakdown of all withholding payments made either quarterly or monthly in the boxes provided. Numbers 1, 2, 3, 4 and 5 must be completed. The total tax paid should be equal to 1.5% of the summary, line 2. The completed Form WH-R and all attachments must be submitted to the Department of Taxation, City of Greenville, 100 Public Square, Greenville, OH 45331-1499 on or before February 28 of each year. Any questions regarding the Form WH-R should be referred to the Department of Taxation at (937) 548-5747.

**CITY OF GREENVILLE**  
**ANNUAL RECONCILIATION FORM WH-R**  
**SUBMIT BY FEBRUARY 28. W-2'S OR LIST**  
**MUST BE ATTACHED.**

**MAIL TO: CITY OF GREENVILLE**  
**DEPARTMENT OF TAXATION**  
**100 PUBLIC SQUARE**  
**GREENVILLE, OH 45331-1499**  
**PHONE: (937) 548-5747**

**FOR TAX YEAR 2021**

**FINAL**    **COURTESY**    **AMENDED**

ACCOUNT NO. \_\_\_\_\_

NAME AND ADDRESS: \_\_\_\_\_

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

<b>SUMMARY</b> <b>MUST BE COMPLETED</b>	
1. NUMBER OF EMPLOYEES: .....	_____
2. WAGES SUBJECT TO GREENVILLE TAX: .....	\$ _____
3. GREENVILLE TAX WITHHELD .....	\$ _____
4. GREENVILLE TAX REMITTED .....	\$ _____
5. BALANCE DUE OR REFUND .....	\$ _____

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

Signed \_\_\_\_\_ Title \_\_\_\_\_

Federal ID no. \_\_\_\_\_ Date \_\_\_\_\_

Phone no. \_\_\_\_\_