

**City of Port Clinton Department of Taxation**  
**PC-W1 – Employer’s Return of Employee Income Tax Withheld**  
**Monthly Filer - Due by the 15<sup>th</sup>. Of the Month**

**Semi-Monthly Filer – Due within 3 Banking Days after the 15<sup>th</sup>. Of the Month and within 3 banking days after the end of each month.**

**Return must be completed in full. We reserve the right to return any submission that is not completed in full and certified. Failing to file on time and per the filings frequency requirements will result in penalties and interest.**

**It is the Employer’s responsibility to know their filing requirements.**

**You are a Monthly Filer if: If the taxes to be deducted and withheld in the preceding calendar year exceeded \$2399 or exceeded \$200 in any one month of the preceding quarter.**

**You are a Semi-Monthly Filer if: the taxes to be deducted and withheld is \$11999 or more in the preceding calendar year or more than \$1000 in any month of the immediately preceding quarter.**

ENTITY NAME:			
ADDRESS:			
CITY:			
STATE, ZIP CODE:			
FID/EIN:		PHONE NUMBER:	
PAYROLL CONTACT PERSON EMAIL ADDRESS:			

**1. REPORTING PERIOD:**

Enter the Reporting Period:

PERIOD ENDING	MONTH	YEAR

**2. EARNINGS:**

- a. \*The City of Port Clinton Withholding Rate is 1.50% of all taxable earnings.
- b. \*Please include any additional documentation for any adjustments or discrepancies.

<b>NO. OF TAXABLE EMPLOYEES:</b>		
<b>TOTAL EARNINGS FOR THE PERIOD:</b>	<b>WORKPLACE</b>	<b>RESIDENCE</b>
<b>TOTAL TAXABLE EARNINGS:</b>		
<b>*TAX DUE:</b>		
<b>TOTAL TAX REMITTED:</b>		
<b>Adjustments/Discrepancies:</b> Please any adjustments/ discrepancies and provide documentation as needed.		

3. Please answer the questions as applicable:

- a. Is this a Final Return? \_\_\_\_\_
  - i. What is the Reason For Closing the Account? \_\_\_\_\_
- b. Is this an Amended Return? \_\_\_\_\_
- c. Are you withholding as a Courtesy? \_\_\_\_\_
  - i. At What Rate? \_\_\_\_\_

**4. Certification**

I hereby certify that the information and statements contained herein are true and accurate:

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

Date: \_\_\_\_\_

**Mail To:** City of Port Clinton, Department of Taxation  
 1868 E. Perry St. Port Clinton, OH 43452  
**Questions:** 419-734-5522, Option 4