

**City of Port Clinton Department of Taxation**  
**PC-W1 – Employer’s Return of Employee Income Tax Withheld**  
**Quarterly Filer – Due by the 30<sup>th</sup>. Of the 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 Quarterly Filer if: You are a new filer; the taxes to withheld in the preceding calendar year was \$200 or less or \$200 or less in the 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:

Jan-Mar, Apr-Jun, Jul-Sept, Oct-Dec

QUARTER	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.

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

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