

Account Number# _____

FEIN # _____

Name & Address: _____

Phone Number _____

Contact Person _____

MONTHLY/QUARTERLY WITHHOLDING FORM _____ Tax Year

TAXES WITHHELD FOR THE PERIOD CHECKED:

- | | |
|---|---|
| <input type="checkbox"/> Month of January – Due 2/28 | <input type="checkbox"/> Month of July – Due 8/31 |
| <input type="checkbox"/> Month of February – Due 3/31 | <input type="checkbox"/> Month of August – Due 9/30 |
| <input type="checkbox"/> Month of March – Due 4/30 | <input type="checkbox"/> Month of September – Due 10/31 |
| <input type="checkbox"/> 1 st Quarter (Jan thru March) – Due 4/30 | <input type="checkbox"/> 3 rd Quarter (July thru Sept) – Due 10/31 |
| <input type="checkbox"/> Month of April – Due 5/31 | <input type="checkbox"/> Month of October – Due 11/30 |
| <input type="checkbox"/> Month of May – Due 6/30 | <input type="checkbox"/> Month of November – Due 12/30 |
| <input type="checkbox"/> Month of June – Due 7/31 | <input type="checkbox"/> Month of December – Due 1/31 |
| <input type="checkbox"/> 2 nd Quarter (April thru June) – Due 7/31 | <input type="checkbox"/> 4 th Quarter (Oct thru Dec) – Due 1/31 |

- | | |
|--|----------|
| 1. Number of Taxable Employees | _____ |
| 2. Total Payroll Subject to Withholding | \$ _____ |
| 3. Withholding tax liability (1 ½ % of Line 2) | \$ _____ |
| 4. Additional/Courtesy Residency Tax Withheld | \$ _____ |
| 5. Total Amount Paid (Line 3 plus line 4) | \$ _____ |

Make Remittance Payable to:

CITY OF DOVER

Signature

Date