

**The Village of Bradford**  
**Darke and Miami Counties**  
P.O. Box 128  
Bradford, Ohio 45308  
(937) 526-4411 ext. 209  
sbarga@boringcpa.com

## **IMPORTANT WITHHOLDING TAX CHANGES EFFECTIVE 1-1-2017**

**Changes made by Ohio Revised Code Chapter 718**  
(House Bill 5 - Municipal Income Tax Uniformity)

### **INTEREST AND PENALTIES**

Interest: 6.0% per annum (0.50%) per month  
Late Payment Penalty: 50% of the total tax due

### **WHO MUST FILE:**

1. Each employer located within the Village of Bradford is required to withhold the tax for all employees age (18) eighteen and older.
2. Before beginning work within the city, each **NON RESIDENT EMPLOYER** doing business in the city must register with the city income tax department, to determine their filing requirements.

### **DEPOSIT REQUIREMENTS**

**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.

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

MAIL TO: VILLAGE OF BRADFORD  
DEPARTMENT OF TAXATION  
BOX 128  
BRADFORD, OH 45308  
PHONE: (937) 526-4411 ext. 209

FOR TAX YEAR 2017  
 FINAL  COURTESY  AMENDED

NAME AND ADDRESS:

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER

SUMMARY MUST BE COMPLETED	
1. NUMBER OF EMPLOYEES: .....	_____
2. WAGES SUBJECT TO BRADFORD TAX: .....	\$ _____
3. BRADFORD TAX WITHHELD .....	\$ _____
4. BRADFORD 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. \_\_\_\_\_

## INSTRUCTIONS FOR PREPARING AND FILING FORM WH-Q

**WHO MUST FILE:**

Any employer within or doing business within the Village of Bradford employs one or more persons is required to withhold Bradford tax at the rate of 1.0% (.010) from all qualifying wages paid, accrued or set apart to the employee. Effective 1/1/04, taxable wages shall not include fringe benefits as defined in Section 125 (Cafeteria Plans) of the Internal Revenue Code. Employers withholding Bradford tax as a courtesy for Bradford residents should withhold at 1.0% unless tax is withheld and paid to an employment city, then a credit up to 1.0% of the wages taxed to the employment city is required.

**DEPOSIT REQUIREMENTS:**

In the event a due date falls on a weekend or 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 six (6%) per annum (0.50% per month or fractional part thereof) and a late payment penalty of fifty (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 Bradford Income Tax during the period for which the return is made. If you are an employer who withholds for Bradford residents working in another city (courtesy), please check the courtesy box. If this filing and remittance is the last one for this tax year, please check the final box and provide an explanation.

**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 BRADFORD TAX ORDINANCE PROVIDES COMPLETE EMPLOYER REQUIREMENTS AND IS AVAILABLE AT THE BRADFORD WEBSITE: [www.bradfordoh.com](http://www.bradfordoh.com).

## GENERAL INFORMATION

On or before the last day of February of each year, each employer must file a withholding reconciliation using the Village of Bradford 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 Bradford 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 1.0% of the summary, line 2. The completed Form WH-R and all attachments must be submitted to the Department of Taxation, Village of Bradford, Box 128, Bradford, OH 45308 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) 526-4411 (ext. 209).

VILLAGE OF BRADFORD, EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD	WH-Q	FINAL	COURTESY	AMENDED														
1. Taxable Earnings paid: All Employees subject to Village of Bradford, Ohio 1% (.01) Income Tax 2. Actual Tax Withheld in quarter for Village Income Tax 3. Adjustment of tax for prior quarter (see instructions) 4. Penalty (50% of the total tax due) 5. Interest (6% per annum or 0.50% per month) 6. Total (Lines 2-5)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">DO NOT ROUND</th></tr> <tr><td style="width:5%;">1</td><td style="width:5%;"></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> <tr><td>5</td><td></td></tr> <tr><td>6</td><td></td></tr> </table>	DO NOT ROUND		1		2		3		4		5		6		I hereby certify that the information and statement contained herein are true and correct. Signature: _____ Date: _____ Phone #: _____		
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<b>NAME &amp; ADDRESS:</b>  Federal ID # _____	<b>RETURN FORM WITH PAYMENT</b>  THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW MAKE CHECK OR MONEY ORDER PAYABLE TO: THE VILLAGE OF BRADFORD MAIL TO: DEPARTMENT OF TAXATION THE VILLAGE OF BRADFORD P.O. BOX 128 BRADFORD, OH 45308																	
<b>1ST QUARTER</b> Jan, Feb, Mar 2017 DUE ON OR BEFORE April 30, 2017																		

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<b>2ND QUARTER</b> April, May, June 2017 DUE ON OR BEFORE July 31, 2017																		

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<b>3RD QUARTER</b> July, Aug, Sept 2017 DUE ON OR BEFORE October 31, 2017																		

- 1. Taxable Earnings paid: All Employees subject to Village of Bradford, Ohio 1% (.01) Income Tax
- 2. Actual Tax Withheld in quarter for Village Income Tax
- 3. Adjustment of tax for prior quarter (see instructions)
- 4. Penalty (50% of the total tax due)
- 5. Interest (6% per annum or 0.50% per month)
- 6. Total (Lines 2-5)

DO NOT ROUND	
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2	
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I hereby certify that the information and statement contained herein are true and correct.

Signature: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**RETURN FORM WITH PAYMENT**

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:

THE VILLAGE OF BRADFORD

MAIL TO:

DEPARTMENT OF TAXATION

THE VILLAGE OF BRADFORD

P.O. BOX 128

BRADFORD, OH 45308

NAME & ADDRESS:

Federal ID #

**4TH QUARTER**

Oct, Nov, Dec 2017

DUE ON OR BEFORE

January 31, 2018