



CITY TAX DEPT
50 TOWN SQUARE
P.O. BOX 155
LIMA, OHIO 45802
PHONE (419) 221-5245
FAX (419) 998-5527

FORM LW-1 (MONTHLY OR QUARTERLY STATEMENT)

FORM LW-3 (ANNUAL RECONCILIATION)

EMPLOYER'S MUNICIPAL INCOME TAX WITHHOLDING FORMS

INSTRUCTIONS FOR FILING FORM LW-1

Each employer within the City of Lima who employs one or more employees on a salary, wage, commission or other compensation basis, shall deduct from such compensation earned and paid on and after Jan. 1, 1983 the tax of 1.5% of salaries, wages, commission and other compensation due by the employer to the employee, and shall make this return of Form LW-1, the Director of Taxation, and pay to the City of Lima the amount of taxes so deducted on or before the day shown on the front of this return.

The term “employer” means an individual, partnership, association, corporation, governmental body unit or agency, or any other entity whether or not organized for profit, who or that employes one of more persons on a salary, wages, commission or other compensation basis.

Employer must also submit W-2 forms that include qualifying wages and tax withheld for all other municipal corporations.

Lima Tax Department 419-221-5245.

All taxes unpaid after they have become due bear interest from the date due. The interest rate is based on the Federal rate and may change annually. Visit our website at www.cityhall.lima.oh.us for interest rates.

Any taxpayer or employer who shall fail to file a return within the time required by the Ordinance, in addition to the interest and other penalty hereby imposed, shall be liable for a late file penalty of \$25 per month or fraction of a month thereof (maximum \$150) and a late payment penalty of up to 50% of the unpaid withholding tax due. Also an employer who fails to deduct, withhold, and/or remit the tax of an employee, or who shall attempt to do anything whatever to avoid the payment of the whole or any part of the tax shall be guilty of a first degree misdemeanor and shall be fined not more than one thousand dollars (\$1000) or imprisoned for not more than 6 months or both. The failure of any employer to receive or procure a return form shall not excuse him from making a return or from paying the tax. Payment of the penalty provided in this section shall not be construed as relieving a taxpayer of liability for the tax, interest and/or other penalty assessed. **The \$25 monthly late filing fee applies to the timely remittance of both the LW-1 and LW-3 forms.**

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
- 2. **ACTUAL TAX WITHHELD THIS PERIOD** .. \$ _____
If payment is past due, complete below
(See instructions)
- 3. **LATE FEE** (See instructions) \$ _____
- 4. **INTEREST** (See instructions) \$ _____
- 5. **PENALTY** (See instructions)..... \$ _____
- 6. **TOTAL** \$ _____

If no wages paid this period mark "None" and return form with explanation.

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
JANUARY 31, 2022

DUE ON OR BEFORE
FEBRUARY 15, 2022

THIS RETURN MUST BE FILED ON OR BEFORE DUE DATE AS SHOWN ABOVE

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
- 2. **ACTUAL TAX WITHHELD THIS PERIOD** .. \$ _____
If payment is past due, complete below
(See instructions)
- 3. **LATE FEE** (See instructions) \$ _____
- 4. **INTEREST** (See instructions) \$ _____
- 5. **PENALTY** (See instructions)..... \$ _____
- 6. **TOTAL** \$ _____

If no wages paid this period mark "None" and return form with explanation.

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
FEBRUARY 28, 2022

DUE ON OR BEFORE
MARCH 15, 2022

THIS RETURN MUST BE FILED ON OR BEFORE DUE DATE AS SHOWN ABOVE

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
- 2. **ACTUAL TAX WITHHELD THIS PERIOD** .. \$ _____
If payment is past due, complete below
(See instructions)
- 3. **LATE FEE** (See instructions) \$ _____
- 4. **INTEREST** (See instructions) \$ _____
- 5. **PENALTY** (See instructions)..... \$ _____
- 6. **TOTAL** \$ _____

If no wages paid this period mark "None" and return form with explanation.

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
MARCH 31, 2022

DUE ON OR BEFORE
APRIL 18, 2022

THIS RETURN MUST BE FILED ON OR BEFORE DUE DATE AS SHOWN ABOVE

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
- 2. **ACTUAL TAX WITHHELD THIS PERIOD** .. \$ _____
If payment is past due, complete below
(See instructions)
- 3. **LATE FEE** (See instructions) \$ _____
- 4. **INTEREST** (See instructions) \$ _____
- 5. **PENALTY** (See instructions)..... \$ _____
- 6. **TOTAL** \$ _____

If no wages paid this period mark "None" and return form with explanation.

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
APRIL 30, 2022

DUE ON OR BEFORE
MAY 16, 2022

THIS RETURN MUST BE FILED ON OR BEFORE DUE DATE AS SHOWN ABOVE

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
- 2. **ACTUAL TAX WITHHELD THIS PERIOD** .. \$ _____
If payment is past due, complete below
(See instructions)
- 3. **LATE FEE** (See instructions) \$ _____
- 4. **INTEREST** (See instructions) \$ _____
- 5. **PENALTY** (See instructions)..... \$ _____
- 6. **TOTAL** \$ _____

**If no wages paid this period mark "None"
and return form with explanation.**

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
MAY 31, 2022

DUE ON OR BEFORE
JUNE 15, 2022

**THIS RETURN MUST BE FILED ON OR
BEFORE DUE DATE AS SHOWN ABOVE**

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
- 2. **ACTUAL TAX WITHHELD THIS PERIOD** .. \$ _____
If payment is past due, complete below
(See instructions)
- 3. **LATE FEE** (See instructions) \$ _____
- 4. **INTEREST** (See instructions) \$ _____
- 5. **PENALTY** (See instructions)..... \$ _____
- 6. **TOTAL** \$ _____

If no wages paid this period mark "None" and return form with explanation.

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
JUNE 30, 2022

DUE ON OR BEFORE
JULY 15, 2022

THIS RETURN MUST BE FILED ON OR BEFORE DUE DATE AS SHOWN ABOVE

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
- 2. **ACTUAL TAX WITHHELD THIS PERIOD** .. \$ _____
If payment is past due, complete below
(See instructions)
- 3. **LATE FEE** (See instructions) \$ _____
- 4. **INTEREST** (See instructions) \$ _____
- 5. **PENALTY** (See instructions)..... \$ _____
- 6. **TOTAL** \$ _____

If no wages paid this period mark "None" and return form with explanation.

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
JULY 31, 2022

DUE ON OR BEFORE
AUGUST 15, 2022

THIS RETURN MUST BE FILED ON OR BEFORE DUE DATE AS SHOWN ABOVE

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
- 2. **ACTUAL TAX WITHHELD THIS PERIOD** .. \$ _____
If payment is past due, complete below
(See instructions)
- 3. **LATE FEE** (See instructions) \$ _____
- 4. **INTEREST** (See instructions) \$ _____
- 5. **PENALTY** (See instructions)..... \$ _____
- 6. **TOTAL** \$ _____

If no wages paid this period mark "None" and return form with explanation.

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
AUGUST 31, 2022

DUE ON OR BEFORE
SEPTEMBER 15, 2022

THIS RETURN MUST BE FILED ON OR BEFORE DUE DATE AS SHOWN ABOVE

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
- 2. **ACTUAL TAX WITHHELD THIS PERIOD** .. \$ _____
If payment is past due, complete below
(See instructions)
- 3. **LATE FEE** (See instructions) \$ _____
- 4. **INTEREST** (See instructions) \$ _____
- 5. **PENALTY** (See instructions)..... \$ _____
- 6. **TOTAL** \$ _____

If no wages paid this period mark "None" and return form with explanation.

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
SEPTEMBER 30, 2022

DUE ON OR BEFORE
OCTOBER 17, 2022

THIS RETURN MUST BE FILED ON OR BEFORE DUE DATE AS SHOWN ABOVE

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
- 2. **ACTUAL TAX WITHHELD THIS PERIOD** .. \$ _____
If payment is past due, complete below
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- 5. **PENALTY** (See instructions)..... \$ _____
- 6. **TOTAL** \$ _____

If no wages paid this period mark "None" and return form with explanation.

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____

OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
OCTOBER 31, 2022

DUE ON OR BEFORE
NOVEMBER 15, 2022

THIS RETURN MUST BE FILED ON OR BEFORE DUE DATE AS SHOWN ABOVE

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
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- 6. **TOTAL** \$ _____

**If no wages paid this period mark "None"
and return form with explanation.**

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
NOVEMBER 30, 2022

DUE ON OR BEFORE
DECEMBER 15, 2022

**THIS RETURN MUST BE FILED ON OR
BEFORE DUE DATE AS SHOWN ABOVE**

If Name or Address is Incorrect Make Necessary Change

EMPLOYERS RETURN OF TAX WITHHELD
CITY OF LIMA, OHIO – DEPT. OF TAXATION
FORM LW-1

- 1. **GROSS WAGES SUBJECT TO WITHHOLDING**..... \$ _____
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- 6. **TOTAL** \$ _____

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I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____ Date _____
OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

MAKE CHECK OR MONEY ORDER PAYABLE TO: **LIMA CITY TREASURER P.O. BOX 155, LIMA, OHIO 45802**

FOR PERIOD ENDING
DECEMBER 31, 2022

DUE ON OR BEFORE
JANUARY 17, 2023

THIS RETURN MUST BE FILED ON OR BEFORE DUE DATE AS SHOWN ABOVE

If Name or Address is Incorrect Make Necessary Change

City Form LW-3
City of Lima
Department of Taxation
P.O. Box 155 45802

RECONCILIATION OF RETURNS
OF INCOME TAX WITHHELD (FORMS LW-1)
WITH W-2 FORMS SUBMITTED HEREWITH
FILE ON OR BEFORE THE LAST DAY OF FEBRUARY

2022

**Do Not Remit With This Form:
For Reconciliation Purposes Only. PLEASE REMIT PAYMENTS WITH FORM LW-1**

1. Total number of employees as represented
by Forms W-2 submitted herewith..... _____
2. Total gross wages subject to withholding..... \$ _____
3. Total Income Tax Withheld from
compensation paid all Employees..... \$ _____

4. Total Income Tax Withheld from compensation as
shown by Item 2 of Form LW-1 for the period:

First Quarter \$ _____

Second Quarter \$ _____

Third Quarter \$ _____

Fourth Quarter \$ _____

5. TOTAL \$ _____

Item 3 and 5 should be identical, explain fully any discrepancy.

(Keep for your records - Do not file)

Period Ending	Due Date	Amount	Date	Check Number	Period Ending	Due Date	Amount	Date	Check Number
1/31	2/15	_____	_____	_____	7/31	8/15	_____	_____	_____
2/28	3/15	_____	_____	_____	8/31	9/15	_____	_____	_____
3/31	4/15	_____	_____	_____	9/30	10/17	_____	_____	_____
1st Qtr.	5/2	_____	_____	_____	3rd Qtr.	10/31	_____	_____	_____
4/30	5/16	_____	_____	_____	10/31	11/15	_____	_____	_____
5/31	6/15	_____	_____	_____	11/30	12/15	_____	_____	_____
6/30	7/15	_____	_____	_____	12/31	1/17	_____	_____	_____
2nd Qtr.	8/1	_____	_____	_____	4th Qtr.	1/31	_____	_____	_____