



Form 35 **EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT**

**CITY OF GREEN**  
P.O. Box 460 • Green OH 44232-0460  
330-896-6622

FOR THE **MONTH** OF: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT

Out of Business as of \_\_\_\_\_

Check if you have no employees

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
STREET/MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

**LINES 1, 2, AND 4 MUST BE COMPLETE**

1 TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ \_\_\_\_\_

2 AMOUNT OF TAX WITHHELD (LINE 1 X 2%) \$ \_\_\_\_\_

3 ADJUSTMENTS \$ \_\_\_\_\_

4 BALANCE DUE AND PAID \$ \_\_\_\_\_



Form 35 **EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT**

**CITY OF GREEN**  
P.O. Box 460 • Green OH 44232-0460  
Telephone: 330-896-6622

FOR THE **QUARTER** OF: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT

Out of Business as of \_\_\_\_\_

Check if you have no employees

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
STREET/MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

**LINES 1, 2, AND 4 MUST BE COMPLETE**

1 TOTAL WAGES SUBJECT TO WITHHOLDING TAX \$ \_\_\_\_\_

2 AMOUNT OF TAX WITHHELD (LINE 1 X 2%) \$ \_\_\_\_\_

3 ADJUSTMENTS \$ \_\_\_\_\_

4 BALANCE DUE AND PAID \$ \_\_\_\_\_

**INSTRUCTION FOR COMPLETION OF FORM 35**

**WHO MUST FILE:**

Each employer located or doing business in Green is required to withhold from each employee the 2% tax on qualifying wages (generally Medicare wages) earned by the employee in the City, and to file Form 35 and remit tax to the Green Income Tax Division on a monthly or quarterly basis.

**Per Ohio Revised Code (ORC) 718.03 beginning with Tax Year 2016**, taxes withheld for each monthly withholding period must be paid no later than the **15th** day of the following month. W/H tax must be remitted monthly if the amount of tax for the previous calendar year exceeded \$2,399 OR if the amount of withholding tax for any month of the previous calendar quarter exceeded \$200.00. W/H tax may be remitted quarterly if not required to remit monthly per above. Quarterly tax is due no later than the last day of the month following the calendar quarter. If no wages, please file Form 35 indicating zero payroll.

Line 1 Place the amount of total wages, salaries, commissions, etc., subject to withholding tax for the City of Green on line 1.

Line 2 Place the amount of municipal taxes withheld for the period on line 2. Tax rate is 2%.

Line 3 This line should be used for the correction of errors of previous months for this calendar year. Attach a letter explaining the adjustments.

Line 4 Subtract line 3 from line 2 and place on line 4. This is the amount of tax due.

MAKE CHECK OR MONEY ORDER PAYABLE TO "CITY OF GREEN - DIVISION OF TAXATION" & RETURN WITH FORM 35.

**Late filing penalty: \$25.00 per month up to \$150 maximum. Late W/H Payment Penalty: 50% of amount not timely paid. Interest: 7% per annum 2020.**

**FINAL RETURN: if you sell your business, please advise in writing, to whom the business was sold. File Form 35 and pay any withholding still owed. Also, file Form 38, Reconciliation of City Tax Withheld.**