CITY OF SOLON
Employers Municipal Withholding Tax Statement
Form S-941

INCOME TAX DEPARTMENT
P.O. Box 74058
Cleveland, Ohio 44194-0133
(440) 349-6310

☐ **Monthly**
☐ **Quarterly**
☐ **Final - (Attach Explanation)**

MAKE CHECK PAYABLE TO THE CITY OF SOLON
ENCLOSE STATEMENT WITH PAYMENT

LINES 1, 2 AND 3 MUST BE COMPLETED

FED ID #
PERIOD

It is required that on or before the 20th day of each month, taxes withheld from the previous month be paid and Form S-941 be filed. However, if the amount withheld is less than $250.00, the employer may defer the filing and payment until the last day of the month following the quarter. It is important that if you have no taxes withheld for the City of Solon for the period listed on this return, that a zero (0) return be filed to keep files current.

Please Note: Deferred compensation and reportable benefits are generally taxable for city income tax purposes.

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX $_____

2. MUNICIPAL TAX WITHHELD (LINE 1 x 2%) $_____

3. BALANCE DUE AND PAID $_____

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

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE **TITLE** **DATE**

PRINT NAME **PRINT TITLE**