

City of Newark Division of Income Tax

PO Box 4577, Newark OH 43058-4577

Phone: 740-670-7580

Fax: 740-670-7581

The City of Newark is pleased to offer the ACH Credit Electronic Filing Program for remitting your employee withholding tax payments for the City of Newark, the Etna Township Joint Economic Development Zones One and Two (JEDZ1 & JEDZII) and the Pataskala Joint Economic District (JEDD). We are working to provide you with more efficient electronic tax filing and reporting capabilities. Your participation in this program will be greatly appreciated and we look forward to working with you.

BENEFITS

1. The ACH Credit Program is available to you 24 hours a day / 7 days a week.
2. Your payments are processed conveniently and accurately via electronic funds transfer.
3. After you have registered for our program and successfully transmitted your first electronic filing, no monthly, quarterly or semi-monthly mailings are required.

REQUIREMENTS

To file using the ACH Credit Program, please contact your bank to ensure they can process ACH credit transaction. If your bank does offer this service, ask for their ACH transmission schedule. This schedule will determine the timing of when your payment should be credited.

You must also verify with your bank, software programmer and/or IT department that you have the ability to create an addenda record using a CTX format. Our bank will not accept any format other than CTX. You cannot use a CCD+ format with our program.

ENROLLMENT

To register for the ACH Credit Electronic Filing Program, all you need to do is complete and return the enclosed ACH Credit Authorization Form for *each* Tax District you wish to pay.

Mail Newark enrollment to:

Attn: Brenda Cooper
Newark Income Tax
PO Box 4577
Newark OH 43058-4577

Mail Etna Twp. JEDZI, JEDZII & Pataskala JEDD enrollment to:

Attn: Brenda Cooper
Etna JEDZ Income Tax
PO Box 327
Newark OH 43058-0327

You may also fax the form to Brenda Cooper at 740-670-7581 or e-mail a scanned image to bcooper@newarkohio.net.

Once we receive your registration, we will send to you the file layout specifications that you will need to use for preparation of your ACH Credit file transmissions.

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ACH CREDIT ELECTRONIC FILING PROGRAM

Authorization Form for Electronic Fund Transfer

TAXPAYER INFORMATION

Taxpayer Account Name: _____

Tax District Account Number: _____

Tax District Name (check one): ☐ City of Newark ☐ JEDZI ☐ JEDZII ☐ JEDD

Federal EIN: _____

Name of Financial Institution You Will Be Using for ACH Transmissions:

CONTACT INFORMATION

Primary Contact Person: _____

Address: _____

Phone Number: _____

Fax: _____

Email Address: _____

AUTHORIZATION STATEMENT

I hereby authorize the contact person listed on this form and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic payment of withholding taxes, answer inquiries, and resolve issues related to enrollment and payments. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force until the City of Newark Income Tax Division has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

Taxpayer Signature

Date

Printed Name

Title