## 2019 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD Due on or Before 04/30/2019

(Official Title)

Village of Millersburg Income Tax Department 6 North Washington Street

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For	Period	JAN FEE	SIVIAR
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Millersburg, Ohio 44654 330-674-6891		For Per	iod JAN FEB MAR Tax Year 2019
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This Period	
address shown below.	2.	Total Withheld This Period	\$
MAN DAME IC 1 50/	3.	Adjustments to prior returns	\$
TAX RATE IS 1.5%	4.	Penalty and/or Interest	\$
Fed. ID #	5.	Total	\$
	_	ke check or money order payable to:	+
Name:		Village of Millersburg	
	I hereby ce	ertify that the information and statements contained he	erein are true and correct
	(signed)	)	
Address:	(Officia	al Title)	
			Date
Village of Millersburg Income Tax Department 6 North Washington Street Millersburg, Ohio 44654 330-674-6891	QUART		AX WITHHELD or Before 07/31/19 iod APR MAY JUN Tax Year 2019
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This Period	\$
address shown below.	2.	Total Withheld This Period	\$
TAX RATE IS 1.5%	3.	Adjustments to prior returns	\$
	4.	Penalty and/or Interest	\$
	5.	Total	\$
Fed. ID #	Mak	ke check or money order payable to: Village of Millersburg	
Name:	I hereby ce	ertify that the information and statements contained he	erein are true and correct
	(signed)	)	
	(Officia	al Title)	
Address:	(3111010		Date
<del></del>			
Village of Millersburg Income Tax Department 6 North Washington Street Millersburg, Ohio 44654 330-674-6891	QUART		AX WITHHELD Before 10/31/2019 riod JUL AUG SEF Tax Year 2019
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This Period	
address shown below.	2.	Total Withheld This Period	\$
TANDAME IC 1 50/	3.	Adjustments to prior returns	\$
TAX RATE IS 1.5%	4.	Penalty and/or Interest	\$
Fed. ID #	5.	Total	\$
	_	ke check or money order payable to:	*
Name:		Village of Millersburg	
	I hereby ce	ertify that the information and statements contained he	erein are true and correct
	(signed)	)	
Address:	_	al Title)	
	(OHICE		

## Village of Millersburg

## 2019 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Income Tax Department 6 North Washington Street Millersburg, Ohio 44654

Due on or Before 01/31/2020 For Period OCT NOV DEC

Tax Year 2019

Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period 1. address shown below. Total Withheld This Period Adjustments to prior returns **TAX RATE IS 1.5%** 4. Penalty and/or Interest Fed. ID # \_\_\_\_\_ 5. Total Make check or money order payable to: Village of Millersburg Name: \_\_\_\_\_ I hereby certify that the information and statements contained herein are true and correct. (signed)\_ Address: \_\_\_\_ (Official Title) \_\_\_\_\_ Date **WITHHOLDING TAX RECONCILIATION - 2019 LEGIBLE COPIES OF W-2 FORMS MUST** Village of Millersburg **ACCOMPANY THIS FORM BY FEB 28, 2020** 6 North Washington Street Millersburg, Ohio 44654 1. Total Number of employees as represented by 3. Total Income Tax Withheld from compensation during Forms W-2 submitted herewith **2019** for: 1st Quarter ending March 31st \$ 2. Total Income Tax Withheld from compensation paid all employees \$ \_\_\_\_\_ 2<sup>nd</sup> Quarter ending June 30<sup>th</sup> \$ \_\_\_\_\_ Fed. ID # \$ \_\_\_\_\_ 3<sup>rd</sup> Quarter ending September 30 Name: 4th Quarter ending December 31 4. Total Amount Withheld \_\_\_\_\_ Address: Section 2 and 4 should be identical, explain fully any discrepancy.