## 2024 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD Due on or Before 04/30/2024

Village of Millersburg Income Tax Department 6 North Washington Street Millersburg, Ohio 44654 330-674-6891

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Date

Millersburg, Offio 44034 330-074-0091			Tax Year 2024		
Notify Income Tax Department promptly of any change in ownership or name and address shown below.	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	\$		
Fed. ID #	5.	Total	\$		
Name:	Mak	e check or money order payable to: Village of Millersburg			
	I hereby ce	ertify that the information and statements contained he	rein are true and correct.		
	(signed)				
Address:	(Official Title)				
			Date		
Village of Millersburg Income Tax Department 6 North Washington Street Millersburg, Ohio 44654 330-674-6891	QUART		AX WITHHELD Before 07/31/2024 od APR MAY JUN Tax Year 2024		
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	e 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)	)			
	(Officia	ıl Title)			
Address:	(Officia		Date		
Income Tax Department 6 North Washington Street	QUART		AX WITHHELD Before 10/31/2024 lod JUL AUG SEP		
Millersburg, Ohio 44654 330-674-6891			Tax Year 2024		
Notify Income Tax Department promptly of any change in ownership or name and address shown below.	1.	Total Compensation Paid This Period	\$		
addless shown below.	2.	Total Withheld This Period	\$		
TAX RATE IS 1.5%	3.	Adjustments to prior returns	\$		
	4.	Penalty and/or Interest	\$		
Fed. ID #	5.	Total	\$		
Name:	Mak	e check or money order payable to: Village of Millersburg			
	I hereby certify that the information and statements contained herein are true and correct.				
	(signed)	(signed)			
Address:		ıl Title)			
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## Village of Millersburg

2024 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Section 2 and 4 should be identical, explain fully any discrepancy.

Income Tax Department 6 North Washington Street Millersburg, Ohio 44654

Due on or Before 01/31/2025

For Period	OCT NOV D	EC
	Tax Year 20	24

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 3. **TAX RATE IS 1.5%** 4. Penalty and/or Interest \$\_\_\_\_\_ Fed. ID # \_\_\_\_\_ 5. 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 2024 WITHHOLDING TAX RECONCILIATION **LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEB 28, 2025** Village of Millersburg 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 **2024** 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: 4<sup>th</sup> Quarter ending December 31 4. Total Amount Withheld Address: