2018 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Village of Millersburg

Address:

6 North Washington Street		Due on or	Before 02/15/2018 For Period JAN
Millersburg, Ohio 44654 330-674-6891			Tax Year 2018
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	\$
Fed. ID #	5.	Total	\$
Name:	Mak	te check or money order payable to: Village of Millersburg	
	I hereby ce	ertify that the information and statements contained he	erein are true and correct
Addraga	(signed))	
Address:	(Officia	al Title)	Date
Income Tax Department	'S MON	ITHLY RETURN OF INCOME TA	or Before 03/15/17
6 North Washington Street Millersburg, Ohio 44654 330-674-6891			For Period FEE Tax Year 2018
Notify Income Tax Department promptly of any change in ownership or name and address shown below.	1.	Total Compensation Paid This Period	\$
address snown 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	te 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:			Date
Village of Millersburg Income Tax Department 6 North Washington Street Millersburg, Ohio 44654 330-674-6891 Notify Income Tax Department promptly of any change in ownership or name and address shown below. TAX RATE IS 1.5% Fed. ID #	1. 2. 3. 4. 5.	Total Compensation Paid This Period Total Withheld This Period Adjustments to prior returns Penalty and/or Interest Total	AX WITHHELD Before 04/15/2018 For Period MAR Tax Year 2018 \$ \$ \$
	Mak	ke check or money order payable to: Village of Millersburg	
Name:		village of willersburg	

Date

I hereby certify that the information and statements contained herein are true and correct.

(signed)____

(Official Title)

Village of Millersburg

2018 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Income Tax Department 6 North Washington Street

Name: _____

Address: _____

Due on or Before 05/15/2018

For Period APR Millersburg, Ohio 44654 330-674-6891 Tax Year 2018 Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period 6. address shown below. 7. Total Withheld This Period Adjustments to prior returns **TAX RATE IS 1.5%** q Penalty and/or Interest Fed. ID # _____ 10. 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 Village of Millersburg 2018 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD Income Tax Department Due on or Before 06/15/17 6 North Washington Street For Period MAY Millersburg, Ohio 44654 330-674-6891 Tax Year 2018 Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period 6. address shown below. 7. Total Withheld This Period Adjustments to prior returns \$_____ TAX RATE IS 1.5% Penalty and/or Interest 10. Total Fed. ID # _____ Make check or money order payable to: Village of Millersburg I hereby certify that the information and statements contained herein are true and correct. Name: _____ (signed)_ (Official Title) Address: Village of Millersburg 2018 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD Income Tax Department Due on or Before 07/15/2018 6 North Washington Street For Period JUNE Millersburg, Ohio 44654 330-674-6891 Tax Year 2018 Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period 6. address shown below. 7. Total Withheld This Period Adjustments to prior returns \$_____ 8. TAX RATE IS 1.5% Penalty and/or Interest Fed. ID # _____ 10. Total

> I hereby certify that the information and statements contained herein are true and correct. (signed)____

(Official Title)

Make check or money order payable to: Village of Millersburg

Date

2018 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD Due on or Before 08/15/2018

(Official Title)

Date

Village of Millersburg Income Tax Department

Address: _____

6 North Washington Street Millersburg, Ohio 44654 330-674-6891		Due on or	For Period JUL Tax Year 2018
Notify Income Tax Department promptly of any change in ownership or name and	11.	Total Compensation Paid This Period	\$
address shown below.	12.	Total Withheld This Period	\$
TAX RATE IS 1.5%	13.	Adjustments to prior returns	\$
TAX KATE IS 1.5 /0	14.	Penalty and/or Interest	\$
Fed. ID #	15.	Total	\$
Name:	Make	e check or money order payable to: Village of Millersburg	
	I hereby cer	rtify that the information and statements contained he	erein 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	'S MON⁻	THLY RETURN OF INCOME T	AX WITHHELD or Before 09/15/17 For Period AUG Tax Year 2018
Notify Income Tax Department promptly of any change in ownership or name and	11.	Total Compensation Paid This Period	\$
address shown below.		Total Withheld This Period	\$
TAX RATE IS 1.5%	13.	Adjustments to prior returns	\$
TAX RATE IS 1.5 /0	14.	Penalty and/or Interest	\$
	15.	Total	\$
Fed. ID #	Make	e check or money order payable to: Village of Millersburg	
Name:	I hereby cer	rtify that the information and statements contained he	erein are true and correct.
	(signed)		
	(Official	Title)	
Address:			Date
Income Tax Department	'S MON	THLY RETURN OF INCOME T	AX WITHHELD Before 10/15/2018
6 North Washington Street Millersburg, Ohio 44654 330-674-6891			For Period SEPT Tax Year 2018
Notify Income Tax Department promptly of any change in ownership or name and	11.	Total Compensation Paid This Period	\$
address shown below.	12.	Total Withheld This Period	\$
TAX RATE IS 1.5%	13.	Adjustments to prior returns	\$
TAX RATE IS 1.5 /0	14.	Penalty and/or Interest	\$
Fed. ID #		Total	\$
	Make	e check or money order payable to: Village of Millersburg	
Name:	I hereby cer	rtify that the information and statements contained he	erein are true and correct.
	(signed)		

Village of Millersburg

2018 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Income Tax Department 6 North Washington Street

Address: _____

Due on or Before 11/15/2018

For Period OCT Millersburg, Ohio 44654 330-674-6891 Tax Year 2018 Notify Income Tax Department promptly of any change in ownership or name and 16. Total Compensation Paid This Period address shown below. 17. Total Withheld This Period 18. Adjustments to prior returns **TAX RATE IS 1.5%** 19. Penalty and/or Interest Fed. ID # _____ 20. 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 Village of Millersburg 2018 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD Income Tax Department Due on or Before 12/15/17 6 North Washington Street For Period NOV Millersburg, Ohio 44654 330-674-6891 Tax Year 2018 Notify Income Tax Department promptly of any change in ownership or name and 16. Total Compensation Paid This Period address shown below. 17. Total Withheld This Period 18. Adjustments to prior returns \$_____ TAX RATE IS 1.5% 19. Penalty and/or Interest 20. Total Fed. ID # _____ Make check or money order payable to: Village of Millersburg I hereby certify that the information and statements contained herein are true and correct. Name: _____ (signed)_ (Official Title) Address: 2018 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD Village of Millersburg Income Tax Department Due on or Before 01/15/2018 6 North Washington Street For Period DEC Millersburg, Ohio 44654 330-674-6891 Tax Year 2018 Notify Income Tax Department promptly of any change in ownership or name and 16. Total Compensation Paid This Period address shown below. 17. Total Withheld This Period \$____ 18. Adjustments to prior returns TAX RATE IS 1.5% 19. Penalty and/or Interest Fed. ID # _____ 20. 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)____

(Official Title)

Date

2018 WITHHOLDING TAX RECONCILIATION

Village of Millersburg Income Tax Dept 6 N. Washington St. Millersburg OH 44654 330-674-6891

Total Number of employees as represented by Forms W-2 submitted herewith
2. Total Income Tax Withheld from compensation paid all employees \$
Fed. ID #
Name:
Address:

LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEBRUARY 28th 2018

3. Total Income Tax Withheld from compensation during 2018 for:

Jan. Feb. Mar. Apr. May. Jun.	\$ \$ \$ \$ \$	Jul. Aug. Sep. Oct. Nov. Dec.	\$ \$ \$ \$ \$			
4. Total Amount Withheld						
Parts 2 and 4 should be identical, explain fully any discrepancy.						