Village of Millersburg

2018 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Address:

6 North Washington Street Millersburg, Ohio 44654 330-674-6891			or Before 04/30/2018 eriod JAN FEB MAR Tax Year 2018	
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This Perio		
address shown below.	2.	Total Withheld This Period	\$	
TAX RATE IS 1.5%	3.	Adjustments to prior returns	\$	
1AA RATE IS 1.5 /0	4.	Penalty and/or Interest	\$	
Fed. ID #	5.	Total	\$	
Name:	Mak	te check or money order payable to: Village of Millersburg		
	I hereby certify that the information and statements contained herein are true and correct.			
	(signed))		
Address:	(Officia	al Title)		
	(Officia	ii Tide)	Date	
Village of Millersburg Income Tax Department 6 North Washington Street Millersburg, Ohio 44654 330-674-6891	QUART		n or Before 07/31/17 eriod APR MAY JUN	
•	4	Total Companyation Daid This David	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 Total Withheld This Period		
	2. 3.	Adjustments to prior returns	\$ \$	
TAX RATE IS 1.5%	3. 4.	Penalty and/or Interest	\$ \$	
	4. 5.	Total	\$ \$	
Fed. ID #	_	te check or money order payable to:	φ	
Γcu. ID π	IVIAN	Village of Millersburg		
Name:	I hereby ce	ertify that the information and statements contained	herein are true and correct.	
Tuine.	(signed)			
		(Official Title)		
Address:	(Gillele		Date	
Village of Millersburg Income Tax Department 6 North Washington Street Millersburg, Ohio 44654 330-674-6891	QUART		TAX WITHHELD or Before 10/31/2018 eriod JUL AUG SEP Tax Year 2018	
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This Perio		
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	\$	
	Mak	te check or money order payable to:		

Village of Millersburg

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

(Official Title) Date

Village of Millersburg

2018 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Income Tax Department 6 North Washington Street Millersburg, Ohio 44654

Due on or Before 01/31/2018

For Period OCT NOV DEC Tax Year 2018

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. 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 - 2018 LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEB 28, 2018** 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 **2018** for: 1st Quarter ending March 31st \$ 2. Total Income Tax Withheld from compensation paid all employees \$ _____ 2nd Quarter ending June 30th \$ _____ Fed. ID # _____ 3rd 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.