

Village of Mount Gilead RETURN OF INCOME TAX WITHHELD

Tax Rate: 1%

Account #:
FEIN:

Printed Name of Responsible Party _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED:

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
Village of Mount Gilead
72 West High Street
Mount Gilead, OH 43338

Withholding Period	Due Date
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during _____ FORM TW-1