

Village of Mount Gilead RETURN OF INCOME TAX WITHHELD

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

Printed Name of Responsible Party _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED:

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Tax Rate: 1.25%

Account #:
FEIN:

| Withholding Period | Due Date |
|---|------------|
| JAN-MAR | 04/30/2026 |
| 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

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Tax Rate: 1.25%

Account #:
FEIN:

| Withholding Period | Due Date |
|---|------------|
| APR-JUN | 07/31/2026 |
| 1. Gross Compensation Subject to Withholding | \$ |
| 2. Tax Withheld during Period | \$ |
| 3. Adjustment to Prior Period | \$ |
| 4. Penalty | \$ |
| 5. Interest | \$ |
| 6. TOTAL DUE | \$ |

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FEIN:

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|---|------------|
| JUL-SEPT | 10/31/2026 |
| 1. Gross Compensation Subject to Withholding | \$ |
| 2. Tax Withheld during Period | \$ |
| 3. Adjustment to Prior Period | \$ |
| 4. Penalty | \$ |
| 5. Interest | \$ |
| 6. TOTAL DUE | \$ |

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Tax Rate: 1.25%

Account #:
FEIN:

| Withholding Period | Due Date |
|---|------------|
| OCT-DEC | 01/31/2027 |
| 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