

Form W-1

EMPLOYER'S WITHHOLDING TAX RETURN
VILLAGE OF MOUNT GILEAD INCOME TAX OFFICE
72 West High Street
Mount Gilead, Ohio 43338
Phone: (419) 946-4861

Taxes withheld for the period checked:

- Jan. thru March Due 4/15
- April thru June Due 7/15
- July thru Sept. Due 10/15
- Oct. thru Dec. Due 1/15

Month of _____ *

20 _____

FID# _____

- 1. Number of Taxable Employees _____
- 2. Total Payroll subject to Mount Gilead Earnings Tax _____
- 3. Mount Gilead Withholding Tax at 1% _____

Make Remittance Payable to
Village of Mount Gilead Tax Office

Return Original with payment -
Retain duplicate for your records

*If you desire to pay monthly, insert month instead of
checking quarter.

Please notify the tax office of any changes in name or address.

Signature _____

WITHHOLDING TAX RECONCILIATION - VILLAGE OF MOUNT GILEAD, DIVISION OF TAXATION

FORM W-3

72 WEST HIGH STREET MOUNT GILEAD, OH 43338 (419) 946-4861

- | | |
|---|---|
| 1. Total number of employees _____ | Mount Gilead Income Tax Withheld For Tax Year 20 _____ |
| 2. Total payroll for the year \$ _____ | First quarter ending March 31 \$ _____ |
| 3. Less payroll not subject to tax \$ _____ | Second quarter ending June 30 \$ _____ |
| Attach explanation | Third quarter ending September 30 \$ _____ |
| 4. Payroll subject to tax \$ _____ | Fourth quarter ending Dec. 31 \$ _____ |
| 5. Withholding tax liability at 1% of Line 4 \$ _____ | 6. Total remitted for the year \$ _____ |
| | 7. *Overpayment \$ _____ or additional tax due \$ _____ |

* Refunds are not automatically issued. If refund of overpayment is requested, please attach explanation. If additional tax is due, enclose payment with return.

Submitted by: _____

Official Title: _____
Owner, Partner, Member, President, Treasurer

Date: _____

ORIGINAL MUST BE RETURNED WITH W-2's BY FEBRUARY 28th