

**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 4/30
- April thru June Due 7/31
- July thru Sept. Due 10/31
- Oct. thru Dec. Due 1/31

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