

**Village of Mount Gilead RETURN OF INCOME TAX WITHHELD**

Tax Rate: 1.25%

Account #:  
FEIN:

COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED:

Printed Name of Responsible Party \_\_\_\_\_

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 JAN-MAR	Due Date 04/30/2023
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during \_\_\_\_\_ FORM TW-1

**Village of Mount Gilead RETURN OF INCOME TAX WITHHELD**

Tax Rate: 1.25%

Account #:  
FEIN:

COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED:

Printed Name of Responsible Party \_\_\_\_\_

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 APR-JUN	Due Date 07/31/2023
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during \_\_\_\_\_ FORM TW-1

**Village of Mount Gilead RETURN OF INCOME TAX WITHHELD**

Tax Rate: 1.25%

Account #:  
FEIN:

COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED:

Printed Name of Responsible Party \_\_\_\_\_

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 JUL-SEPT	Due Date 10/31/2023
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during \_\_\_\_\_ FORM TW-1

**Village of Mount Gilead RETURN OF INCOME TAX WITHHELD**

Tax Rate: 1.25%

Account #:  
FEIN:

COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED:

Printed Name of Responsible Party \_\_\_\_\_

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 OCT-DEC	Due Date 01/31/2024
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
<b>6. TOTAL DUE</b>	<b>\$</b>

Number of employees during \_\_\_\_\_ FORM TW-1