

Village of Rockford  
PO Box 282  
151 E. Columbia St.  
Rockford, Ohio 45882

**EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD**

Due on or Before 04/30/2015  
For Period JAN FEB MAR  
Tax Year 2015

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # [Redacted]  
Fed. ID # [Redacted]

[Redacted]

- 1. Total Compensation Paid This Period \$ \_\_\_\_\_
- 2. Total Withheld This Period \$ \_\_\_\_\_
- 3. Adjustments to prior returns \$ \_\_\_\_\_
- 4. Penalty and/or Interest \$ \_\_\_\_\_
- 5. Total \$ \_\_\_\_\_

Make check or money order payable to:  
**Village of Rockford**

I hereby certify that the information and statements contained herein are true and correct.

(signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_

Date

Village of Rockford  
PO Box 282  
151 E. Columbia St.  
Rockford, Ohio 45882

**EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD**

Due on or Before 07/31/2015  
For Period APR MAY JUN  
Tax Year 2015

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # [Redacted]  
Fed. ID # [Redacted]

[Redacted]

- 1. Total Compensation Paid This Period \$ \_\_\_\_\_
- 2. Total Withheld This Period \$ \_\_\_\_\_
- 3. Adjustments to prior returns \$ \_\_\_\_\_
- 4. Penalty and/or Interest \$ \_\_\_\_\_
- 5. Total \$ \_\_\_\_\_

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(signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_

Date

Village of Rockford  
PO Box 282  
151 E. Columbia St.  
Rockford, Ohio 45882

**EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD**

Due on or Before 10/30/2015  
For Period JUL AUG SEP  
Tax Year 2015

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # [Redacted]  
Fed. ID # [Redacted]

[Redacted]

- 1. Total Compensation Paid This Period \$ \_\_\_\_\_
- 2. Total Withheld This Period \$ \_\_\_\_\_
- 3. Adjustments to prior returns \$ \_\_\_\_\_
- 4. Penalty and/or Interest \$ \_\_\_\_\_
- 5. Total \$ \_\_\_\_\_

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I hereby certify that the information and statements contained herein are true and correct.

(signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_

Date

Village of Rockford  
PO Box 282  
151 E. Columbia St.  
Rockford, Ohio 45882

**EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD**

Due on or Before 01/29/2016  
For Period OCT NOV DEC  
Tax Year 2015

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # \_\_\_\_\_

Fed. ID # \_\_\_\_\_

1. Total Compensation Paid This Period \$ \_\_\_\_\_
2. Total Withheld This Period \$ \_\_\_\_\_
3. Adjustments to prior returns \$ \_\_\_\_\_
4. Penalty and/or Interest \$ \_\_\_\_\_
5. Total \$ \_\_\_\_\_

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(signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_

Date

**WITHHOLDING TAX RECONCILIATION**

Village of Rockford  
PO BOX 282  
151 E. Columbia St.  
Rockford, Ohio 45882

1. Total Number of employees as represented by Forms W-2 submitted herewith \_\_\_\_\_

2. Total Income Tax Withheld from compensation Paid all employees \$ \_\_\_\_\_

LEGIBLE COPIES OF W-2 FORMS MUST  
ACCOMPANY THIS FORM BY JAN 31, 2016

3. Total Income Tax Withheld from compensation during 2015 for:

1<sup>st</sup> Quarter ending March 31<sup>st</sup> \$ \_\_\_\_\_

2<sup>nd</sup> Quarter ending June 30<sup>th</sup> \$ \_\_\_\_\_

3<sup>rd</sup> Quarter ending September 30 \$ \_\_\_\_\_

4<sup>th</sup> Quarter ending December 31 \$ \_\_\_\_\_

4. Total Amount Withheld \_\_\_\_\_

Parts 2 and 4 should be identical, explain fully any discrepancy.