

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 02/15/2017
For Period JAN
Tax Year 2017

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

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

Account Number # 03-071020
Fed. ID #

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

SAMPLE

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 03/15/2017
For Period FEB
Tax Year 2017

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

- | | |
|--|----------|
| 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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Village of Rockford
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Rockford, Ohio 45882

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 04/15/2017
For Period MAR
Tax Year 2017

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

- | | |
|--|----------|
| 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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Village of Rockford
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Rockford, Ohio 45882

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 05/15/2017
For Period APR
Tax Year 2017

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

Account Number # 03-071020
Fed. ID #

SAMPLE

- 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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(Official Title) _____

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Rockford, Ohio 45882

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 06/15/2017
For Period MAY
Tax Year 2017

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

Account Number # 03-071020
Fed. ID #

SAMPLE

- 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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(Official Title) _____

Date

Village of Rockford
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Rockford, Ohio 45882

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 07/15/2017
For Period JUN
Tax Year 2017

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

Account Number # 03-071020
Fed. ID #

SAMPLE

- 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
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Rockford, Ohio 45882

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 08/15/2017
For Period JUL
Tax Year 2017

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

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

Account Number # 03-071020
Fed. ID #

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(signed) _____

(Official Title) _____

Date

Village of Rockford
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Rockford, Ohio 45882

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 09/15/2017
For Period AUG
Tax Year 2017

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

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

Account Number # 03-071020
Fed. ID #

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(signed) _____

(Official Title) _____

Date

Village of Rockford
PO Box 282
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Rockford, Ohio 45882

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 10/15/2017
For Period SEP
Tax Year 2017

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

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

Account Number # 03-071020
Fed. ID #

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(signed) _____

(Official Title) _____

Date

Village of Rockford
PO Box 282
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Rockford, Ohio 45882

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 11/15/2017
For Period OCT
Tax Year 2017

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

Account Number # 03-071020
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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SAMPLE

Village of Rockford
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151 E. Columbia St.
Rockford, Ohio 45882

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 12/15/2017
For Period NOV
Tax Year 2017

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

Account Number # 03-071020
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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Village of Rockford
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151 E. Columbia St.
Rockford, Ohio 45882

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 01/15/2018
For Period DEC
Tax Year 2017

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

Account Number # 03-071020
Fed. ID #

- | | |
|--|----------|
| 1. Total Compensation Paid This Period | \$ _____ |
| 2. Total Withheld This Period | \$ _____ |
| 3. Adjustments to prior returns | \$ _____ |
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| 5. Total | \$ _____ |

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Date

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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 FEB 28th, 2018

3. Total Income Tax Withheld from compensation during
2017 for:

1st Quarter ending March 31st \$ _____

2nd Quarter ending June 30th \$ _____

3rd Quarter ending September 30 \$ _____

4th Quarter ending December 31 \$ _____

4. Total Amount Withheld _____

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