

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 04/15/2018
For Period JAN FEB MAR
Tax Year 2018

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 | \$ _____ |

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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 07/15/2018
For Period APR MAY JUN
Tax Year 2018

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 | \$ _____ |

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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 10/15/2018
For Period JUL AUG SEP
Tax Year 2018

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 | \$ _____ |

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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 01/15/2019
For Period OCT NOV DEC
Tax Year 2018

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 \$ _____

Make check or money order payable to:
Village of Rockford

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(signed) _____

(Official Title) _____

Date

SAMPLE

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 \$ _____

03-071020
SAMPLE

LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEB 28th, 2019

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.