

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
For Period JAN FEB MAR
Tax Year

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 \$

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

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EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before
For Period OCT NOV DEC
Tax Year

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WITHHOLDING TAX RECONCILIATION

Village of Rockford
PO BOX 282
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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,

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.