

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
For Period JAN
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 MONTHLY RETURN OF INCOME TAX WITHHELD

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For Period FEB
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- | | |
|--|----------|
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Tax Year

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Due on or Before
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Tax Year

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before
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WITHHOLDING TAX RECONCILIATION

Village of Rockford
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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
2018 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.