EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on of Before

For		eri	od	JA	N
Ta	×	Υe	аг	-	

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	\$
Male	about or manay arder navable to	

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)

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on of Before For Perioa FEB

Tax Year Total Compensation Paid This Period

3. Adjustments to prior returns Penalty and/or Interest 4.

Total Withheld This Period

1.

2.

5.

(signed)_

Total

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Account Number # Fed, ID#

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Due on of Before

For	116	erioa	WAF
Ta	X	Year	

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

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(Official Title) Date

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

1.

3.

4.

5.

1.

2.

Total

Due on of Before

For Period APR Tax Year Total Compensation Paid This Period Total Withheld This Period \$____ Adjustments to prior returns Penalty and/or Interest Make check or money order payable to: I hereby certify that the information and statements contained herein are true and correct.

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Village of Rockford

(signed)

(Official Title)

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Total Withheld This Period

Due on of Before For Period MAY

Tax Year Total Compensation Paid This Period

Date

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Account Number # Fed. ID#

\$_____ Adjustments to prior returns 3. Penalty and/or Interest 5. Total Make check or money order payable to:

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(signed) (Official Title)

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on of Before

For Period JUN

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

Account Number # Fed. ID#

		lax Year
1.	Total Compensation Paid This Period	\$
2.	Total Withheld This Period	\$
3.	Adjustments to prior returns	\$
4,	Penalty and/or Interest	S
5.	Total	\$
Make	e check or money order payable to:	

Village of Rockford

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(Official Title)

Date

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHEID

Due on of Before

		For Period JUL Tax Year
1.	Total Compensation Paid This Period	S
2.	Total Withheld This Period	\$
3.	Adjustments to prior returns	\$
4.	Penalty and/or Interest	\$
5.	Total	\$
Mak	e check or money order payable to: Village of Rockford	

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

Account Number # Fed. ID#

> 5. Total Make check or money order paya Village of Rockford

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on of Before For Period AUG

Tax Year Tetal Community Duly Till Duly Till

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

Account Number # Fed. ID#

۱.	rotal Compensation Paid This Period	ф
2.	Total Withheld This Period	\$
3.	Adjustments to prior returns	\$
4.	Penalty and/or Interest	\$
5.	Total	\$
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Make check or money order payable to: Village of Rockford

I hereby certify that the information and statements contained herein are true and con-	rect.
(signed)	
(Official Title)	
	Date

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHE' D

Due on of Before

For Land SEP

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

Account Number # Fed. ID#

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WIT: "YEI!"

Due on of Before

For Period	OC.
Tax Year	

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

Account Number # Fed. ID#

		rax rear
1.	Total Compensation Pald This Period	\$
2.	Total Withheld This Period	\$
3.	Adjustments to prior returns	\$
4.	Penalty and/or Interest	\$
5,	Total	\$
Make	e check or money order payable to: Village of Rockford	
l hereby ce	rify that the information and statements contained her	ein are Irue and correct.
(signed)		

Village of Rockford PO Box 282 151 E. Columbia St.

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

(Official Title)

For Period NOV

Tax Year

Rockford, Ohio 45882 Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID#

1.	Total Compensation Pald 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

(signed)	
(Official Title)	Date

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on of Before For Perioa DEC

Tax Year Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period \$ 2. Total Withheld This Period

4.

5.

Total

\$_	
\$_	
\$	

Make check or money order payable to:

Adjustments to prior returns

Penalty and/or Interest

Village of Rockford I hereby certify that the information and statements contained herein are true and correct. (signed) (Official Title) Date

Account Number # Fed. ID#

address shown below.

WITHHOLDING TAX RECONCILIATION

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

Total Number of employees as represented by Forms W-2 submitted herewith
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:

1 st Quarter ending March 31 st	\$
2 nd Quarter ending June 30 th	\$
3 rd Quarter ending September 30	\$
4 th Quarter ending December 31	\$
. Total Amount Withheld	

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