

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.

- 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 #  
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

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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  
For Period AUG  
Tax Year

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Fed. ID #

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**EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD**

Due on or Before  
For Period SEP  
Tax Year

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For Period OCT  
Tax Year \_\_\_\_\_

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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                               | \$ _____ |

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For Period NOV  
Tax Year \_\_\_\_\_

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Fed. ID # \_\_\_\_\_

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

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Due on or Before \_\_\_\_\_  
For Period DEC  
Tax Year \_\_\_\_\_

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- |  |          |
|--|----------|
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| 5. Total                               | \$ _____ |

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Date \_\_\_\_\_

**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 28<sup>th</sup>

- 3. Total Income Tax Withheld from compensation during 2018 for:

1 <sup>st</sup> Quarter ending March 31 <sup>st</sup>	\$ _____
2 <sup>nd</sup> Quarter ending June 30 <sup>th</sup>	\$ _____
3 <sup>rd</sup> Quarter ending September 30	\$ _____
4 <sup>th</sup> Quarter ending December 31	\$ _____

- 4. Total Amount Withheld \_\_\_\_\_

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