

VILLAGE OF MCCONNELSVILLE
INCOME TAX DEPARTMENT
9 WEST MAIN STREET
MCCONNELSVILLE OH 43756

IMPORTANT

**2016 EMPLOYER'S QUARTERLY
RETURNS OF TAX WITHHELD**

*This packet contains
withholding tax forms
you are required to file.*

The Rate for 2016 is 1% (.01)

PLEASE DO NOT DESTROY -
IMPORTANT TAX FORMS

Dear Employer:

This is your 2016 Employer's Quarterly Return of Tax Withheld package. Included are four quarterly forms for your filing requirements. We have also included the Employer Reconciliation of Income Tax Withheld for 2016. **This is the only time these forms will be sent. They will not be sent each quarter. Please keep for further payments.**

If you have any questions regarding the below forms, please contact us at 9 West Main Street, McConnelsville, Ohio 43756. If you wish to contact by telephone, our number is (740) 962-3163, or e-mail at ehemry@vomcc.com.

Sincerely,

INCOME TAX ADMINISTRATOR

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS.
Form W-1

TAX RATE 1%

EMPLOYER'S RETURN OF TAX WITHHELD

VILLAGE OF MCCONNELSVILLE
INCOME TAX DEPARTMENT
9 WEST MAIN STREET
MCCONNELSVILLE, OHIO 43756
PHONE (740) 962-3163

FID# _____ PHONE # _____

FOR THE PERIOD ENDING
JAN, FEB, MAR

DUE ON OR BEFORE
April 15, 2016

ACCT#

SS#/ FED#

- | | |
|---|----------|
| 1. Total Wages subject to McConnelsville Tax: | \$ _____ |
| 2. McConnelsville Taxes due @ 1% | \$ _____ |
| 3. Adjustment to prior return | \$ _____ |
| 4. Penalty | \$ _____ |
| 5. Interest | \$ _____ |
| 6. Total Balance/Due | \$ _____ |
| 7. Amount Paid | \$ _____ |

I hereby certify that the information and statements contained herein are true and correct.

Signature

Date

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS.
Form W-1

TAX RATE 1%

EMPLOYER'S RETURN OF TAX WITHHELD

VILLAGE OF MCCONNELLSVILLE
INCOME TAX DEPARTMENT
9 WEST MAIN STREET
MCCONNELLSVILLE, OHIO 43756
PHONE (740) 962-3163

FOR THE PERIOD ENDING
APR, MAY, JUNE

DUE ON OR BEFORE
July 15, 2016

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnellsville Tax: \$ _____
- 2. McConnellsville Taxes due @ 1% \$ _____
- 3. Adjustment to prior return \$ _____
- 4. Penalty \$ _____
- 5. Interest \$ _____
- 6. Total Balance/Due \$ _____
- 7. Amount Paid \$ _____

ACCT# _____ SS#/ FED# _____

I hereby certify that the information and statements contained herein are true and correct.

_____/_____/_____
Signature Date

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS.
Form W-1

TAX RATE 1%

EMPLOYER'S RETURN OF TAX WITHHELD

VILLAGE OF MCCONNELLSVILLE
INCOME TAX DEPARTMENT
9 WEST MAIN STREET
MCCONNELLSVILLE, OHIO 43756
PHONE (740) 962-3163

FOR THE PERIOD ENDING
JULY, AUG, SEPT

DUE ON OR BEFORE
October 15, 2016

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnellsville Tax: \$ _____
- 2. McConnellsville Taxes due @ 1% \$ _____
- 3. Adjustment to prior return \$ _____
- 4. Penalty \$ _____
- 5. Interest \$ _____
- 6. Total Balance/Due \$ _____
- 7. Amount Paid \$ _____

ACCT# _____ SS#/ FED# _____

I hereby certify that the information and statements contained herein are true and correct.

_____/_____/_____
Signature Date

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS.
Form W-1

TAX RATE 1%

EMPLOYER'S RETURN OF TAX WITHHELD

VILLAGE OF MCCONNELLSVILLE
INCOME TAX DEPARTMENT
9 WEST MAIN STREET
MCCONNELLSVILLE, OHIO 43756
PHONE (740) 962-3163

FOR THE PERIOD ENDING
OCT, NOV, DEC

DUE ON OR BEFORE
January 15, 2017

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnellsville Tax: \$ _____
- 2. McConnellsville Taxes due @ 1% \$ _____
- 3. Adjustment to prior return \$ _____
- 4. Penalty \$ _____
- 5. Interest \$ _____
- 6. Total Balance/Due \$ _____
- 7. Amount Paid \$ _____

ACCT# _____ SS#/ FED# _____

I hereby certify that the information and statements contained herein are true and correct.

_____/_____/_____
Signature Date

EMPLOYER'S RECONCILIATION OF TAX WITHHELD - VILLAGE OF MCCONNELSVILLE, INCOME TAX DEPARTMENT

Form W-3 9 West Main Street • McConnelville, Ohio 43756 • (740) 962-3163

Income Tax Withheld for the year 2016

- 1. Total number of employees _____
- 2. Total payroll subject to tax \$ _____
- 3. Withholding tax liability at
.01 of line 2 \$ _____
- 4. Total remitted for the year
(brought over from line 5) \$ _____

PAYMENT SUMMARY

- First quarter ending March 31 \$ _____
- Second quarter ending June 30 \$ _____
- Third quarter ending September 30 \$ _____
- Fourth quarter ending Dec. 31 \$ _____
- 5. Total remitted for the year \$ _____
- 6. Overpayment \$ _____ or additional tax due \$ _____

No Taxes or Refunds of less than \$1.00
shall be collected or refunded

ACCT#

SS#/ FED#

If additional tax is due, enclose payment with return

Submitted by: _____

Official Title: _____

Date: / /

Phone # _____

**COPIES OF ALL 1099'S AND W2'S MUST BE ATTACHED TO THIS
FORM AND RETURNED BY FEBRUARY 28**

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN NAME OR ADDRESS.

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

<u>Month Ending</u>	<u>Due Date</u>	<u>Check #</u>	<u>Date</u>	<u>Amount</u>
1/31	2/15	_____	_____	_____
2/29	3/15	_____	_____	_____
3/31	4/15	_____	_____	_____
or 1st qtr	4/15	_____	_____	_____
4/30	5/15	_____	_____	_____
5/31	6/15	_____	_____	_____
6/30	7/15	_____	_____	_____
or 2nd qtr	7/15	_____	_____	_____

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

<u>Month Ending</u>	<u>Due Date</u>	<u>Check #</u>	<u>Date</u>	<u>Amount</u>
7/31	8/15	_____	_____	_____
8/31	9/15	_____	_____	_____
9/30	10/15	_____	_____	_____
or 3rd qtr	10/15	_____	_____	_____
10/31	11/15	_____	_____	_____
11/30	12/15	_____	_____	_____
12/31	1/15	_____	_____	_____
or 4th qtr	1/15	_____	_____	_____