

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

IMPORTANT

**2016 EMPLOYER'S MONTHLY
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 Monthly Return of Tax Withheld package. Included are twelve monthly 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 month. Please keep for further payments.**

If you have any questions regarding the below forms, please contact us at 9 West Main Street, McConnelville, Ohio 43756. If you wish to contact by telephone, our number is (740) 962-3163, or email: 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

FOR THE PERIOD ENDING
January 31, 2016

DUE ON OR BEFORE
February 15, 2016

FID# _____ PHONE # _____

1. Total Wages subject to McConnelville Tax:	\$ _____
2. McConnelville 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

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TAX RATE 1%

Form W-1

EMPLOYER'S RETURN OF TAX WITHHELD

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

FOR THE PERIOD ENDING

February 28, 2016

DUE ON OR BEFORE

March 15, 2016

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnsville Tax: \$ _____
- 2. McConnsville 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

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TAX RATE 1%

Form W-1

EMPLOYER'S RETURN OF TAX WITHHELD

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

FOR THE PERIOD ENDING

March 31, 2016

DUE ON OR BEFORE

April 15, 2016

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnsville Tax: \$ _____
- 2. McConnsville 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

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

FOR THE PERIOD ENDING

April 30, 2016

DUE ON OR BEFORE

May 15, 2016

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnsville Tax: \$ _____
- 2. McConnsville 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 RETURN OF TAX WITHHELD

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

FOR THE PERIOD ENDING

May 31, 2016

DUE ON OR BEFORE

June 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

EMPLOYER'S RETURN OF TAX WITHHELD

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

FOR THE PERIOD ENDING

June 30, 2016

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

EMPLOYER'S RETURN OF TAX WITHHELD

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

FOR THE PERIOD ENDING

July 31, 2016

DUE ON OR BEFORE

August 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

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TAX RATE 1%

Form W-1

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PHONE (740) 962-3163

FID# _____ PHONE # _____

ACCT#

SS#/ FED#

FOR THE PERIOD ENDING

August 31, 2016

DUE ON OR BEFORE

September 15, 2016

- 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 \$ _____

_____/_____/_____

Signature

Date

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TAX RATE 1%

Form W-1

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9 WEST MAIN STREET
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PHONE (740) 962-3163

FID# _____ PHONE # _____

ACCT#

SS#/ FED#

FOR THE PERIOD ENDING

September 30, 2016

DUE ON OR BEFORE

October 15, 2016

- 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 \$ _____

_____/_____/_____

Signature

Date

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PHONE (740) 962-3163

FID# _____ PHONE # _____

ACCT#

SS#/ FED#

FOR THE PERIOD ENDING

October 31, 2016

DUE ON OR BEFORE

November 15, 2016

- 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 \$ _____

_____/_____/_____

Signature

Date

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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

FOR THE PERIOD ENDING

November 30, 2016

DUE ON OR BEFORE

December 15, 2016

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnelville Tax: \$ _____
- 2. McConnelville 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

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TAX RATE 1%

Form W-1

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

FOR THE PERIOD ENDING

December 31, 2016

DUE ON OR BEFORE

January 15, 2017

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnelville Tax: \$ _____
- 2. McConnelville 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

- 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: _____	/ /

WITHHOLDING TAX WORKSHEET

(Keep for your records - Do not file)

<u>Month</u> <u>Ending</u>	<u>Due</u> <u>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</u> <u>Ending</u>	<u>Due</u> <u>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	_____	_____	_____