

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

IMPORTANT

**2017 EMPLOYER'S MONTHLY
RETURNS OF TAX WITHHELD**

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

The Rate for 2017 is 1% (.01)

**PLEASE DO NOT DESTROY -
IMPORTANT TAX FORMS**

Dear Employer:

This is your 2017 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. **7 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, McConnelsville, Ohio 43756. If you wish to contact by telephone, our number is (740) 962-3163, or email: ehemyr@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

January 31, 2017

DUE ON OR BEFORE

February 15, 2017

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 | \$ _____ |

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

February 28, 2017

DUE ON OR BEFORE

March 15, 2017

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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 \$ _____

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, 2017

DUE ON OR BEFORE

April 15, 2017

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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 \$ _____

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

April 30, 2017

DUE ON OR BEFORE

May 15, 2017

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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 \$ _____

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, 2017

DUE ON OR BEFORE
June 15, 2017

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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 \$ _____

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, 2017

DUE ON OR BEFORE
July 15, 2017

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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 \$ _____

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, 2017

DUE ON OR BEFORE
August 15, 2017

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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 \$ _____

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.

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

August 31, 2017

DUE ON OR BEFORE

September 15, 2017

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

September 30, 2017

DUE ON OR BEFORE

October 15, 2017

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

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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

October 31, 2017

DUE ON OR BEFORE

November 15, 2017

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
November 30, 2017

DUE ON OR BEFORE
December 15, 2017

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

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
December 31, 2017

DUE ON OR BEFORE
January 15, 2018

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 RECONCILIATION OF TAX WITHHELD - VILLAGE OF MCCONNELSVILLE, INCOME TAX DEPARTMENT

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

Income Tax Withheld for the year 2017

- 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 \$10.00 or less shall be collected or refunded

ACCT# _____ SS#/ FED# _____

If additional tax is due, enclose payment with return	
Submitted by: _____	
Official Title: _____	
Date: _____ / _____ / _____	
Phone # _____	