

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

IMPORTANT

**2019 EMPLOYER'S QUARTERLY
RETURNS OF TAX WITHHELD**

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

The Rate for 2019 is 1% (.01)

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

Dear Employer:

This is your 2019 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 2019. **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, McConnelville, Ohio 43756. If you wish to contact by telephone, our number is (740) 962-3163, or e-mail at ehemry@vomcc.com.

mablackburn@vomcc.com

Sincerely,

INCOME TAX ADMINISTRATOR

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

FID# _____

PHONE # _____

FOR THE PERIOD ENDING

JAN, FEB, MAR

DUE ON OR BEFORE

April 30, 2019

ACCT#

SS# / FED#

1. Total Wages subject to McConnelville Tax:	\$ _____
2. McConnelville Taxes due @ 1%	\$ _____
3. Adjustment to prior return	\$ _____
4. Penalty 50% of tax due	\$ _____
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
APR, MAY, JUNE

DUE ON OR BEFORE
July 31, 2019

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnellsville Tax: \$ _____
- 2. McConnellsville Taxes due @ 1% \$ _____
- 3. Adjustment to prior return \$ _____
- 4. Penalty 50% of tax due \$ _____
- 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, AUG, SEPT

DUE ON OR BEFORE
October 31, 2019

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnellsville Tax: \$ _____
- 2. McConnellsville Taxes due @ 1% \$ _____
- 3. Adjustment to prior return \$ _____
- 4. Penalty 50% of tax due \$ _____
- 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
OCT, NOV, DEC

DUE ON OR BEFORE
January 31, 2020

FID# _____ PHONE # _____

- 1. Total Wages subject to McConnellsville Tax: \$ _____
- 2. McConnellsville Taxes due @ 1% \$ _____
- 3. Adjustment to prior return \$ _____
- 4. Penalty 50% of tax due \$ _____
- 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 • McConnelsville, Ohio 43756 • (740) 962-3163

Income Tax Withheld for the year 2019

- 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) \$ _____

ACCT#

SS#/ FED#

PAYMENT SUMMARY

- First quarter ending March 31 \$ _____
- Second quarter ending June 30 \$ _____
- Third quarter ending September 30 \$ _____
- Fourth quarter ending January 31 \$ _____
- 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

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.