

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

IMPORTANT

**2018 EMPLOYER'S MONTHLY
RETURNS OF TAX WITHHELD**

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

The Rate for 2018 is 1% (.01)

PLEASE DO NOT DESTROY -
IMPORTANT TAX FORMS

Dear Employer:

This is your 2018 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 2018. **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.

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 # _____

SS# FED#

FOR THE PERIOD ENDING

January 31, 2018

DUE ON OR BEFORE

February 15, 2018

- | | |
|--|----------|
| 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 | \$ _____ |

_____/_____/_____
Date

Signature

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, 2018

DUE ON OR BEFORE

March 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

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

March 31, 2018

DUE ON OR BEFORE

April 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

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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, 2018

DUE ON OR BEFORE

May 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 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, 2018

DUE ON OR BEFORE

June 15, 2018

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, 2018

DUE ON OR BEFORE

July 15, 2018

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, 2018

DUE ON OR BEFORE

August 15, 2018

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

August 31, 2017

DUE ON OR BEFORE

September 15, 2017

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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 \$ _____

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

September 30, 2018

DUE ON OR BEFORE

October 15, 2018

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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 \$ _____

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

October 31, 2018

DUE ON OR BEFORE

November 15, 2018

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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 \$ _____

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

_____/_____/_____
Signature Date

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

November 30, 2018

DUE ON OR BEFORE

December 15, 2018

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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

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

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

FOR THE PERIOD ENDING

December 31, 2018

DUE ON OR BEFORE

January 15, 2019

FID# _____ PHONE # _____

ACCT# _____ SS#/ FED# _____

- 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

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

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

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

Income Tax Withheld for the year 2018

- 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 # _____	