

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

**IMPORTANT**

**2018 EMPLOYER'S QUARTERLY  
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 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 2018. **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](mailto:ehemry@vomcc.com).

[mablackburn@vomcc.com](mailto:mablackburn@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 # \_\_\_\_\_

ACCT# \_\_\_\_\_ SS#/ FED# \_\_\_\_\_

FOR THE PERIOD ENDING  
**JAN, FEB, MAR**

DUE ON OR BEFORE  
**April 30, 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	\$ _____

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 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, 2018**

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

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  
**JULY, AUG, SEPT**

DUE ON OR BEFORE  
**October 31, 2018**

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

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  
**OCT, NOV, DEC**

DUE ON OR BEFORE  
**January 31, 2019**

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 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**

- 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

**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.