

Village of Loudonville

Department of Income Tax

156 N. Water Street P.O. Box 150

Loudonville, OH 44842

Phone: 419-994-3214 Fax: 419-994-3213



Account Number: _____

Federal Tax ID: _____

Name: _____

Phone Number _____

Contact Person _____

MONTHLY/QUARTERLY WITHHOLDING FORM

Tax Year _____

TAXES WITHHELD FOR THE PERIOD CHECKED:

- | | |
|---|---|
| <input type="checkbox"/> Month of January - Due 2/15 | <input type="checkbox"/> Month of July - Due 8/15 |
| <input type="checkbox"/> Month of February - Due 3/15 | <input type="checkbox"/> Month of August - Due 9/15 |
| <input type="checkbox"/> Month of March - Due 4/15 | <input type="checkbox"/> Month of September - Due 10/15 |
| <input type="checkbox"/> 1 st Quarter (Jan thru March) - Due 4/30 | <input type="checkbox"/> 3 rd Quarter (July thru Sept) - Due 10/31 |
| <input type="checkbox"/> Month of April - Due 5/15 | <input type="checkbox"/> Month of October - Due 11/15 |
| <input type="checkbox"/> Month of May - Due 6/15 | <input type="checkbox"/> Month of November - Due 12/15 |
| <input type="checkbox"/> Month of June - Due 7/15 | <input type="checkbox"/> Month of December - Due 1/15 |
| <input type="checkbox"/> 2 nd Quarter (April thru June) - Due 7/31 | <input type="checkbox"/> 4 th Quarter (Oct thru Dec) - Due 1/31 |

- | | |
|--|----------|
| 1. Number of Taxable Employees | _____ |
| 2. Total Payroll Subject to Withholding | \$ _____ |
| 3. Withholding Tax Liability (1.75% of Line 2) | \$ _____ |
| 4. Additional/Courtesy Residency Tax Withheld | \$ _____ |
| 5. Total Amount Paid (Line 3 plus line 4) | \$ _____ |

Make Remittance Payable to: **Village of Loudonville**, PO Box 150, Loudonville, OH 44842

Signature _____

Date _____

Please keep a blank form in your file for all future months/quarters.