

Village of Loudonville

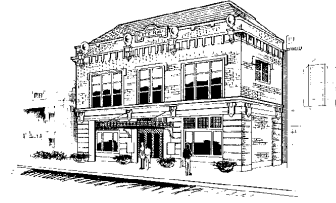
Department of Income Tax

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 2/28 | <input type="checkbox"/> Month of July – Due 8/31 |
| <input type="checkbox"/> Month of February – Due 3/31 | <input type="checkbox"/> Month of August – Due 9/30 |
| <input type="checkbox"/> Month of March – Due 4/30 | <input type="checkbox"/> Month of September – Due 10/31 |
| <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 5/31 | <input type="checkbox"/> Month of October – Due 11/30 |
| <input type="checkbox"/> Month of May – Due 6/30 | <input type="checkbox"/> Month of November – Due 12/30 |
| <input type="checkbox"/> Month of June – Due 7/31 | <input type="checkbox"/> Month of December – Due 1/31 |
| <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** P.O. Box150, Loudonville, OH 44842

Signature

Date

Please copy form as needed for all months/quarters.