Village of Millersburg

2025 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Income Tax Department 6 North Washington Street Millersburg, Ohio 44654 330-674-6891			on or Before 04/30/2025 or Period JAN FEB MAR Tax Year 2025	
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This	Period \$	
address shown below.	2.	Total Withheld This Period	\$	
TAX RATE IS 1.5%	3.	Adjustments to prior returns	\$	
III MILL IS 1.0 /V	4.	Penalty and/or Interest	\$	
Fed. ID #	5.	Total	\$	
Name:	Mak	te check or money order payable Village of Millersburg	to:	
	I hereby ce	ertify that the information and statements cor	ntained herein are true and correct.	
	(signed))		
Address:	(Officia	ıl Title)		
	(Onicia		Date	
Village of Millersburg Income Tax Department 6 North Washington Street Millersburg, Ohio 44654 330-674-6891	QUART		on or Before 07/31/2025 or Period APR MAY JUN	
•	1	Total Componentian Raid This	Tax Year 2025	
Notify Income Tax Department promptly of any change in ownership or name and address shown below.	1.	Total Compensation Paid This Total Withheld This Period		
	2.		\$	
TAX RATE IS 1.5%	3. 4.	Adjustments to prior returns Penalty and/or Interest	\$ \$	
	4. 5.	Total	\$ \$	
Fed. ID #	_	te check or money order payable Village of Millersburg		
NT.	I hereby ce	ertify that the information and statements cor	ntained herein are true and correct.	
Name:	(signed)			
	(Officia	al Title)		
Address:			Date	
Village of Millersburg Income Tax Department 6 North Washington Street Millersburg, Ohio 44654 330-674-6891	QUART		ME TAX WITHHELD on or Before 10/31/2025 For Period JUL AUG SEP Tax Year 2025	
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This	Period \$	
address shown below.	2.	Total Withheld This Period	\$	
TAX RATE IS 1.5%	3.	Adjustments to prior returns	\$	
ALEXA AND AND AND AND AND AND AND AND AND AN	4.	Penalty and/or Interest	\$	

Fed. ID # _____ 5. Total

Village of Millersburg

Address:

Make check or money order payable to:

(signed)_____

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

(Official Title)

Date

Village of Millersburg

2025 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Section 2 and 4 should be identical, explain fully any discrepancy.

Income Tax Department 6 North Washington Street Millersburg, Ohio 44654

Due on or Before 01/31/2026

For	Period	OCT	NOV	DEC
		T 1		~~~=

Tax Year 2025 Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period 1. address shown below. Total Withheld This Period Adjustments to prior returns 3. **TAX RATE IS 1.5%** 4. Penalty and/or Interest Fed. ID # _____ 5. Total Make check or money order payable to: Village of Millersburg Name: _____ I hereby certify that the information and statements contained herein are true and correct. (signed)____ Address: _____ (Official Title) _____ Date 2025 WITHHOLDING TAX RECONCILIATION **LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEB 28, 2026** Village of Millersburg 6 North Washington Street Millersburg, Ohio 44654 1. Total Number of employees as represented by 3. Total Income Tax Withheld from compensation during Forms W-2 submitted herewith **2025** for: 1st Quarter ending March 31st \$ 2. Total Income Tax Withheld from compensation paid all employees \$ _____ 2nd Quarter ending June 30th \$ _____ Fed. ID # _____ 3rd Quarter ending September 30 Name: 4th Quarter ending December 31 **4.** Total Amount Withheld Address: _____