

Village of Millersburg
Income Tax Department
6 North Washington Street
Millersburg, Ohio 44654 330-674-6891

2025 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 04/30/2025
For Period JAN FEB MAR
Tax Year 2025

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments to prior returns \$ _____
- 4. Penalty and/or Interest \$ _____
- 5. Total \$ _____

Make check or money order payable to:
Village of Millersburg

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

(signed) _____

(Official Title) _____

Date

Village of Millersburg
Income Tax Department
6 North Washington Street
Millersburg, Ohio 44654 330-674-6891

2025 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 07/31/2025
For Period APR MAY JUN
Tax Year 2025

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments to prior returns \$ _____
- 4. Penalty and/or Interest \$ _____
- 5. Total \$ _____

Make check or money order payable to:
Village of Millersburg

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

(signed) _____

(Official Title) _____

Date

Village of Millersburg
Income Tax Department
6 North Washington Street
Millersburg, Ohio 44654 330-674-6891

2025 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due 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 address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments to prior returns \$ _____
- 4. Penalty and/or Interest \$ _____
- 5. Total \$ _____

Make check or money order payable to:
Village of Millersburg

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

(signed) _____

(Official Title) _____

Date

Village of Millersburg
Income Tax Department
6 North Washington Street
Millersburg, Ohio 44654

2025 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 01/31/2026
For Period OCT NOV DEC
Tax Year 2025

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments to prior returns \$ _____
- 4. Penalty and/or Interest \$ _____
- 5. Total \$ _____

Make check or money order payable to:
Village of Millersburg

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

(signed) _____

(Official Title) _____

Date

2025 WITHHOLDING TAX RECONCILIATION

Village of Millersburg
6 North Washington Street
Millersburg, Ohio 44654

**LEGIBLE COPIES OF W-2 FORMS MUST
ACCOMPANY THIS FORM BY FEB 28, 2026**

1. Total Number of employees as represented by Forms W-2 submitted herewith _____

2. Total Income Tax Withheld from compensation paid all employees \$ _____

Fed. ID # _____

Name: _____

Address: _____

3. Total Income Tax Withheld from compensation during **2025** for:

1st Quarter ending March 31st \$ _____

2nd Quarter ending June 30th \$ _____

3rd Quarter ending September 30 \$ _____

4th Quarter ending December 31 \$ _____

4. Total Amount Withheld _____

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