

Village of Hamler
P.O. Box 325
Hamler Ohio 43524

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 04/15/_____
For Period JAN FEB MAR
Tax Year _____

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

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

Account Number #
Fed. ID #

Make check or money order payable to:
Village of Hamler

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

(signed) _____

(Official Title) _____

Date

Village of Hamler
P.O. Box 325
Hamler Ohio 43524

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 07/15/_____
For Period APR MAY JUN
Tax Year _____

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

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

Account Number #
Fed. ID #

Make check or money order payable to:
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(signed) _____

(Official Title) _____

Date

Village of Hamler
P.O. Box 325
Hamler Ohio 43524

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 10/15/_____
For Period JUL AUG SEP
Tax Year _____

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

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

Account Number #
Fed. ID #

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(signed) _____

(Official Title) _____

Date

Village of Hamler
P.O. Box 325
Hamler, OH 43524

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 01/15/_____
For Period OCT NOV DEC
Tax Year _____

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

Account Number #
Fed. ID #

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

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(signed) _____

(Official Title) _____

Date

WITHHOLDING TAX RECONCILIATION

Village of Hamler
Income Tax Department
P.O. Box 325
Hamler Ohio 43524

LEGIBLE COPIES OF W-2 FORMS MUST
ACCOMPANY THIS FORM BY FEBRUARY 28th

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

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

3. Total Income Tax Withheld from compensation during
2020 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 _____

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