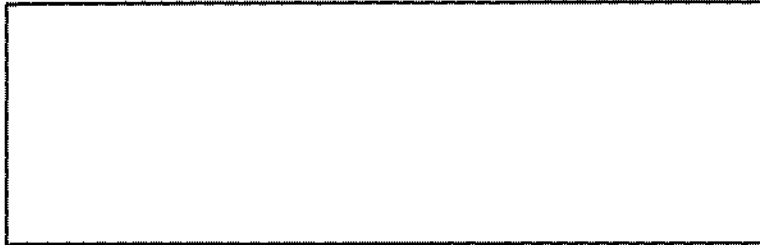


VILLAGE OF ROCKFORD WITHHOLDING TAX RETURNS

(ENTER YEAR)

Tax Administrator
100 North Main - P.O. Box 494
Rockford, Ohio 45882-0494



IMPORTANT!!

Please Take This Form To Your Accountant If You Do Not Prepare Yourself. It Contains Your Account Number For This Office And Filing Information For Preparation.

— FILING INSTRUCTIONS —



★ Each employer within the municipality who employs one or more persons is required to withhold the tax of (1%) one percent from all forms of compensation paid to employees at the time such compensation is paid and pay the amount withheld to the Tax Administrator in accordance with general filing information for the municipality of this return.



- ★ Mail Your W-1's and W-3's Complete With W-2's, and/or 1099's.
To: Tax Administrator
Village of Rockford
P.O. Box 494
Rockford, Ohio 45882-0494
- ★ General Information and Record Sheet are on the 2nd page of Withholding tax package.
- ★ Assistance:
Please Call (419) 363-3034.
Office Hours: By Appointment Only

- ★ Enclosures:
 - (4) Withholding Vouchers
 - (1) Reconciliation Form
 - (1) Withholding Record

VILLAGE OF ROCKFORD RECONCILIATION OF RETURNS

(ENTER YEAR) _____

Tax Administrator
Village of Rockford
105 North Main - P.O. Box 494
Rockford, Ohio 45882-0494

**Income Tax Withheld On (Forms W-1)
With (Forms W-2 and/or 1099) Submitted Herewith**

**Due on or Before
February 28th**

- 1. Total Number of Employees _____
- 2. Total Compensation Paid This Year .. \$ _____
- 3. Total Income Tax To Be Withheld \$ _____
- 4. Total Income Tax Withheld And Paid by Period
As Represented On (Form W-1), Line 4 (For:

 - First Quarter \$ _____
 - Second Quarter \$ _____
 - Third Quarter \$ _____
 - Fourth Quarter \$ _____

- 5. Total Withholding \$ _____

6. Lines 3 and 5 should agree - pay difference or submit explanation if Line 5 is short to Line 3.
Penalty: Minimum \$5.00 charged for late filing.

Form W-3
Revised 11-91

GENERAL FILING INFORMATION

- A. All W-1 returns and payments shall be made on a quarterly basis and are due on or before April 30, July 31, October 31, and January 31, unless more frequent payments are requested by the Tax Administrator. (Local Income Tax rate is 1%).
- B. All W-3's shall be filed complete with W-2's and/or 1099's attached before it will be considered filed on or before February 28th.
- C. The failure of any employer to receive or procure Form W-1 and Form W-3, shall not excuse the employer from making these returns, or from paying tax, penalty and interest due.
- D. Each employer within or employer doing business within shall be liable for the payments of this tax required to be deducted or withheld, whether or not such taxes have in fact been withheld.
- E. Delinquent payments shall be subject to three percent (3%) penalty per month, or fraction thereof and one percent (1%) interest per month, or fraction thereof. The minimum penalty for each W-1 and W-3 is \$5.00 for late filing.
- F. The above regulations are from the Tax Ordinance of this return.

- DO NOT REMIT WITHHOLDING RECORD -

Withholding Record for the Year 19 _____

	DATE	CHECK #	AMOUNT
A. Voucher Number	1.		\$
	2.		\$
	3.		\$
	4.		\$
B. Remit W-3 (Complete) After Checking This Total			\$

Mail To Village of Rockford
c/o Tax Administrator
105 N. Main St.
P.O. Box 494
Rockford, Ohio 45882-0494

ROCKFORD RETURN OF INCOME TAX WITHHELD (1%)

**Due on or Before April 30th - Voucher 1
Period January 1st thru March 31st**

(ENTER YEAR)

Form W-1 Revised 11-91

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of. PLEASE TYPE OR PRINT CLEARLY

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments To Prior Returns \$ _____
- 4. Total Payable Herewith \$ _____
- 5. Total Payable With Penalty & Interest \$ _____

Penalty: At (3%) per month, or fraction thereof with minimum of \$5.00.
Interest: At (1%) per month or fraction thereof with no maximum.

Authorized Signature X _____ Date _____
Fed. I.D. # _____ - _____

ROCKFORD RETURN OF INCOME TAX WITHHELD (1%)

(ENTER YEAR)

Tax Administrator, Village of Rockford
105 North Main, P.O. Box 494 - Rockford, Ohio 45882-0494

Form W-1 Revised 11-91

**Due on or Before July 31st - Voucher 2
Period April 1st thru June 30th**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of. PLEASE TYPE OR PRINT CLEARLY

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments To Prior Returns \$ _____
- 4. Total Payable Herewith \$ _____
- 5. Total Payable With Penalty & Interest \$ _____

Penalty: At (3%) per month, or fraction thereof with minimum of \$5.00.
Interest: At (1%) per month or fraction thereof with no maximum.

Authorized Signature X _____ Date _____
Fed. I.D. # _____ - _____

ROCKFORD RETURN OF INCOME TAX WITHHELD (1%)

(ENTER YEAR)

Tax Administrator, Village of Rockford
105 North Main, P.O. Box 494 - Rockford, Ohio 45882-0494

Form W-1 Revised 11-91

**Due on or Before October 31st - Voucher 3
Period July 1st thru September 30th**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of. PLEASE TYPE OR PRINT CLEARLY

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments To Prior Returns \$ _____
- 4. Total Payable Herewith \$ _____
- 5. Total Payable With Penalty & Interest \$ _____

Penalty: At (3%) per month, or fraction thereof with minimum of \$5.00.
Interest: At (1%) per month or fraction thereof with no maximum.

Authorized Signature X _____ Date _____
Fed. I.D. # _____ - _____

ROCKFORD RETURN OF INCOME TAX WITHHELD (1%)

(ENTER YEAR)

Tax Administrator, Village of Rockford
105 North Main, P.O. Box 494 - Rockford, Ohio 45882-0494

Form W-1 Revised 11-91

**Due on or Before January 31st - Voucher 4
Period October 1st thru December 31st**

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to Municipal Income Tax Ordinance and the Regulations issued under the authority there of. PLEASE TYPE OR PRINT CLEARLY

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments To Prior Returns \$ _____
- 4. Total Payable Herewith \$ _____
- 5. Total Payable With Penalty & Interest \$ _____

Penalty: At (3%) per month, or fraction thereof with minimum of \$5.00.
Interest: At (1%) per month or fraction thereof with no maximum.

Authorized Signature X _____ Date _____
Fed. I.D. # _____ - _____