

FORT RECOVERY RETURN OF INCOME TAX WITHHELD (1%)

WHFORMSQ

(ENTER YEAR)

TAX ADMINISTRATOR, VILLAGE HALL
P.O. BOX 459, FT RECOVERY, OHIO 45846-0459

Form W-1 Revised 10-2015

Due on or Before April 30th - Voucher 1
Period January 1st thru March 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 thereof. PLEASE TYPE OR PRINT CLEARLY

Table with 5 rows: Account Number, Total Compensation Paid This Period, Total Withheld This Period, Adjustments To Prior Returns, Total Payable Herewith, Total Payable With Penalty & Interest.

SSN or Federal ID: _____

LATE RETURN PENALTY: \$25 per month or fraction thereof; maximum \$150
LATE PAYMENT PENALTY: fifty percent (50%) of the amount not timely filed (one-time)
INTEREST: Calculated using the Federal Short Term rate (rounded) + 5%; per annum

Authorized Signature Date

FORT RECOVERY RETURN OF INCOME TAX WITHHELD (1%)

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(ENTER YEAR)

TAX ADMINISTRATOR, VILLAGE HALL
P.O. BOX 459, FT RECOVERY, OHIO 45846-0459

Form W-1 Revised 10-2015

Due on or Before July 31th - 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 thereof. PLEASE TYPE OR PRINT CLEARLY

Table with 5 rows: Account Number, Total Compensation Paid This Period, Total Withheld This Period, Adjustments To Prior Returns, Total Payable Herewith, Total Payable With Penalty & Interest.

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LATE PAYMENT PENALTY: fifty percent (50%) of the amount not timely filed (one-time)
INTEREST: Calculated using the Federal Short Term rate (rounded) + 5%; per annum

Authorized Signature Date

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(ENTER YEAR)

TAX ADMINISTRATOR, VILLAGE HALL
P.O. BOX 459, FT RECOVERY, OHIO 45846-0459

Form W-1 Revised 10-2015

Due on or Before October 31th - 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 thereof. PLEASE TYPE OR PRINT CLEARLY

Table with 5 rows: Account Number, Total Compensation Paid This Period, Total Withheld This Period, Adjustments To Prior Returns, Total Payable Herewith, Total Payable With Penalty & Interest.

SSN or Federal ID: _____

LATE RETURN PENALTY: \$25 per month or fraction thereof; maximum \$150
LATE PAYMENT PENALTY: fifty percent (50%) of the amount not timely filed (one-time)
INTEREST: Calculated using the Federal Short Term rate (rounded) + 5%; per annum

Authorized Signature Date

FORT RECOVERY RETURN OF INCOME TAX WITHHELD (1%)

WHFORMSQ

(ENTER YEAR)

TAX ADMINISTRATOR, VILLAGE HALL
P.O. BOX 459, FT RECOVERY, OHIO 45846-0459

Form W-1 Revised 10-2015

Due on or Before January 31th - 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 thereof. PLEASE TYPE OR PRINT CLEARLY

Account Number _____	1	Total Compensation Paid This Period.....	\$	
	2	Total Withheld This Period.....	\$	
	3	Adjustments To Prior Returns.....	\$	
	4	Total Payable Herewith.....	\$	
SSN or Federal ID: _____	5	Total Payable With Penalty & Interest.....	\$	

LATE RETURN PENALTY: \$25 per month or fraction thereof; maximum \$150
LATE PAYMENT PENALTY: fifty percent (50%) of the amount not timely filed (one-time)
INTEREST: Calculated using the Federal Short Term rate (rounded) + 5%; per annum

Authorized Signature _____ Date _____

**VILLAGE OF FORT RECOVERY OHIO
RECONCILIATION OF RETURNS**

(ENTER YEAR)

TAX ADMINISTRATOR,
VILLAGE HALL P.O. BOX 459
FT RECOVERY, OHIO 45846-0459

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

**Due on or before
February 28th**

Account Number: _____	1.	Total number of employees		
SSN or Federal ID: _____	2.	Total compensation paid this year	\$	
	3.	Total income tax to be withheld this year	\$	
	4.	Total income tax withheld and paid by period as represented on (Form W-1) line 4, for:		
		a. Quarter 1 (Due 4/30)	\$	
		b. Quarter 2 (Due 7/31)	\$	
		c. Quarter 3 (Due 10/31)	\$	
		d. Quarter 4 (Due 1/30)	\$	
	5.	Total Withholding	\$	
	6.	Lines 3 and 5 should agree – pay difference or submit Explanation if line 5 is short to line 3		

Authorized Signature _____ Date _____

FORM W-3
REVISED 12-15

ATTACH ALL W-2's AND 1099's

**If applicable – attach a full listing of All employees' local withholdings. Spreadsheets are preferred but must include Name, Address, SSN, Qualifying Wages and Tax Withheld*

Late Return Penalty: \$25.00 per month or fraction thereof up to a maximum of \$150 charged for late filing.
Late Payment Penalty: fifty percent (50%) of the amount not timely filed (one-time)
Interest: Calculated using the Federal Short Term Rate (rounded) + five percent (5%); per annum