

Form W-1

EMPLOYER'S WITHHOLDING TAX RETURN
VILLAGE OF MOUNT GILEAD INCOME TAX OFFICE
72 West High Street
Mount Gilead, Ohio 43338
Phone: (419) 946-4861

20 _____

FID# _____

Taxes withheld for the period checked:

- Jan. thru March Due 4/30
- April thru June Due 7/31
- July thru Sept. Due 10/31
- Oct. thru Dec. Due 1/31

Month of _____ *

- 1. Number of Taxable Employees _____
- 2. Total Payroll subject to Mount Gilead Earnings Tax _____
- 3. Mount Gilead Withholding Tax at 1% _____

*Make Remittance Payable to
Village of Mount Gilead Tax Office*

*Return Original with payment -
Retain duplicate for your records*

**If you desire to pay monthly, insert month instead of
checking quarter.*

Please notify the tax office of any changes in name or address.

Signature _____