

**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

**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 &amp; 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 \_\_\_\_\_

**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 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

**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 &amp; 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 \_\_\_\_\_

**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 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

**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 &amp; 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 \_\_\_\_\_

# 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

<b>Account Number</b> _____	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**

<b>Account Number:</b> _____	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**