

Mail To
Village Tax Administrator
P.O. Box 508
Belle Center, OH 43310

QUARTERLY RETURN OF INCOME TAX WITHHELD

ON SALARIES, WAGES AND OTHER COMPENSATION

For Period From _____ To _____

I Hereby Certify That Information And Statements Contained Herein Are True And Correct, Pursuant To Village Of Belle Center Income Tax Ordinance And Regulations Issued Under Authority Thereof.

Signed _____

Title _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN.

Name and address imprinted above are as shown by our records. If incorrect or if space is blank, please print your business name and address as you wish them to show on our records.

- 1. Total Earnings Paid Employees Subject to Belle Center, Ohio City Income Tax \$ _____
- 2. Total Tax Withheld During Period \$ _____
- 3. Adjustments to Prior Returns \$ _____
- 4. Total Tax Payable Herewith \$ _____

Make Checks or Money Order Payable To:
VILLAGE OF BELLE CENTER - INCOME TAX.

Penalty \$ _____

Interest \$ _____

Total \$ _____

RECONCILIATION OF RETURNS

Of Income Tax Withheld (Forms VOB504)
With Forms W-2 Submitted Herewith

Do Not Remit With This Form;
For Reconciliation Purposes Only.

For Period From _____ To _____

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
by Item 4 of Form VOB504 for the period:

First Quarter \$ _____

Second Quarter \$ _____

Third Quarter \$ _____

Fourth Quarter \$ _____

4. TOTAL \$ _____

Items 2 and 4 should be identical, explain fully any discrepancy