

# Village of Loudonville

## Department of Income Tax

156 N. Water Street

P.O. Box 115

Loudonville, OH 44842

Phone: 419-994-3282 Fax: 419-994-3213 Email: [loudonvilletax@neo.rr.com](mailto:loudonvilletax@neo.rr.com)



Account Number: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

## MONTHLY/QUARTERLY WITHHOLDING FORM

Tax Year \_\_\_\_\_

### TAXES WITHHELD FOR THE PERIOD CHECKED:

- |   |   |
|---|---|
| <input type="checkbox"/> Month of January – Due 2/28                          | <input type="checkbox"/> Month of July – Due 8/31                             |
| <input type="checkbox"/> Month of February – Due 3/31                         | <input type="checkbox"/> Month of August – Due 9/30                           |
| <input type="checkbox"/> Month of March – Due 4/30                            | <input type="checkbox"/> Month of September – Due 10/31                       |
| <input type="checkbox"/> 1 <sup>st</sup> Quarter (Jan thru March) – Due 4/30  | <input type="checkbox"/> 3 <sup>rd</sup> Quarter (July thru Sept) – Due 10/31 |
| <input type="checkbox"/> Month of April – Due 5/31                            | <input type="checkbox"/> Month of October – Due 11/30                         |
| <input type="checkbox"/> Month of May – Due 6/30                              | <input type="checkbox"/> Month of November – Due 12/30                        |
| <input type="checkbox"/> Month of June – Due 7/31                             | <input type="checkbox"/> Month of December – Due 1/31                         |
| <input type="checkbox"/> 2 <sup>nd</sup> Quarter (April thru June) – Due 7/31 | <input type="checkbox"/> 4 <sup>th</sup> Quarter (Oct thru Dec) – Due 1/31    |

- |  |          |
|--|----------|
| 1. Number of Taxable Employees                 | _____    |
| 2. Total Payroll Subject to Withholding        | \$ _____ |
| 3. Withholding Tax Liability (1.75% of Line 2) | \$ _____ |
| 4. Additional/Courtesy Residency Tax Withheld  | \$ _____ |
| 5. Total Amount Paid (Line 3 plus line 4)      | \$ _____ |

Make Remittance Payable to: **Village of Loudonville**, PO Box 115, Loudonville, OH 44842

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please copy form as needed for all months/quarters.**