



Village of Wellington

Income Tax Department

115 Willard Memorial Square, Wellington, OH 44090

Phone: 440-647-4626 Fax: 440-647-2220

www.villageofwellington.com

MONTHLY/QUARTERLY WITHHOLDING FORM

_____ Tax Year

Account Number _____

FEIN # _____

Name _____

Address _____

Phone Number _____

Contact Person _____

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 st Quarter (Jan thru March) – Due 4/30 | <input type="checkbox"/> 3 rd 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 nd Quarter (April thru June) – Due 7/31 | <input type="checkbox"/> 4 th Quarter (Oct thru Dec) – Due 1/31 |

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

Make Remittance Payable to:

Village of Wellington

Signature

Date