Village of Anna P.O. Box 140 Anna, OH 45302

Village of Anna

P.O. Box 140

Anna, OH 45302

## **EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD**

Due on or Before 04/15/2	2023
For Period JAN FEB	MAR
Tax Year 2	2023

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

1.	Total Compensation Paid This Period	\$
2.	Total Withheld This Period	\$
3.	Adjustments to prior returns	\$
4.	Penalty and/or Interest	\$
5.	Total	\$
Make check or money order payable to: Village of Anna		
I hereby certify that the information and statements contained herein are true and correct.		

(signed)\_\_\_\_\_

(Official Title)

Date

<b>Village of Anna</b> P.O. Box 140 Anna, OH 45302	EMPLOYER'S QUART	FERLY RETURN OF II	NCOME TAX WITHHELD Due on or Before 07/15/2023 For Period APR MAY JUN Tax Year 2023
Notify Income Tax Department promptly of any change in owne	rship or name and 1.	Total Compensation Paid	This Period \$
address shown below.	2.	Total Withheld This Peric	od \$
	3.	Adjustments to prior retu	rns \$
	4.	Penalty and/or Interest	\$
	5.	Total	\$
	Ma	ke check or money order pa Village of Anna	yable to:
	I hereby o	certify that the information and statem	ents contained herein are true and correct.
	(signed	1)	
	(Offici	al Title)	Date

EMDI OVER'S	<b>OLIARTERI V</b>	RETURN (	<b>FAX WITHHELD</b>
	WUCHILLINE I		

Due on or Before 10/15/2023 For Period JUL AUG SEP Tax Year 2023

\$

\$

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

- Total Compensation Paid This Period 1. \$\_\_\_\_\_ \$\_\_\_\_\_ Total Withheld This Period 2. \$\_\_\_\_\_
- 3. Adjustments to prior returns 4. Penalty and/or Interest
- 5. Total

Make check or money order payable to: Village of Anna

I hereby certify that the information and statements contained herein are true and correct.

(signed)\_\_\_\_\_

(Official Title)

Village of Anna P.O. Box 140 Anna, OH 45302

### EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

#### Due on or Before 01/15/2024 For Period OCT NOV DEC Tax Year 2023

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

1.	Total Compensation Paid This Period	\$
2.	Total Withheld This Period	\$
3.	Adjustments to prior returns	\$
4.	Penalty and/or Interest	\$
5.	Total	\$
Make check or money order payable to: Village of Anna		
I hereby certify that the information and statements contained herein are true and correct.		

(signed)\_\_\_\_\_

(Official Title)

Date

# WITHHOLDING TAX RECONCILIATION

Village of Anna P.O. Box 140 Anna, Ohio 45302

1. Total Number of employees as represented by Forms W-2 submitted herewith \_\_\_\_\_

**2.** Total Income Tax Withheld from compensation Paid all employees \$ \_\_\_\_\_

# LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEBRUARY 28<sup>th</sup> 2024

**3.** Total Income Tax Withheld from compensation during 23 for:

1 <sup>st</sup> Quarter ending March 31 <sup>st</sup>	\$
2 <sup>nd</sup> Quarter ending June 30 <sup>th</sup>	\$
3 <sup>rd</sup> Quarter ending September 30	\$
4 <sup>th</sup> Quarter ending December 31	\$
4. Total Amount Withheld	

Parts 2 and 4 should be identical, explain fully any discrepancy.