

Dear Employer:

This is your 2021 Employer's Monthly Return of Tax Withheld package. Included are all 12 monthly forms for your convenience. The monthly forms are due as so indicated. We have also included the Employer Reconciliation of Income Tax Withheld for 2021. **All copies of W-2's for employee withholding and 1099's for work or services performed in Strasburg must be submitted with the reconciliation.** If you have any questions regarding your withholding forms, please contact the Village of Strasburg Income Tax Division at P.O. Box 527, Eaton Rapids, MI 48827. If you wish to contact by telephone, our number is (330) 878-7213.

Sincerely,
INCOME TAX ADMINISTRATOR

**Per ordinance No. O-20-2006 Sect 6, D:
any employer with more than 15 employees must submit the reconciliation and W-2's electronically. An email with the information in MMREF or EFW2 format may be sent securely to <https://securecontact.me/strasburgtax@issi-central.com>.**

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

RETURN FORM WITH PAYMENT

		DO NOT ROUND
1.	Taxable Earnings paid all Employees subject to Village of Strasburg, 1.5% (.015) Income Tax	1.
	Is this a courtesy withholding?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Is this a final return?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If yes, attach explanation	
2.	Actual Tax Withheld in month for Village of Strasburg	2.
3.	Adjustment of tax for prior month (see instructions).....	3.
4.	Penalty, 50% of the tax due	4.
5.	Interest	5.
6.	Total - (Lines 2-5)	6.

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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

MAKE CHECK OR MONEY ORDER PAYABLE TO **VILLAGE OF STRASBURG**

MAIL TO:

**VILLAGE OF STRASBURG
WITHHOLDING PAYMENTS**

P.O. BOX 527

EATON RAPIDS, MI 48827

TELEPHONE (330) 878-7213

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING
JANUARY 31, 2021

DUE ON OR BEFORE
FEBRUARY 15, 2021

FORM WH-M

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

RETURN FORM WITH PAYMENT

		DO NOT ROUND
1.	Taxable Earnings paid all Employees subject to Village of Strasburg, 1.5% (.015) Income Tax	1.
	Is this a courtesy withholding?..... <input type="checkbox"/> YES <input type="checkbox"/> NO	
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**VILLAGE OF STRASBURG
WITHHOLDING PAYMENTS**

P.O. BOX 527

EATON RAPIDS, MI 48827

TELEPHONE (330) 878-7213

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NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING
FEBRUARY 28, 2021

DUE ON OR BEFORE
MARCH 15, 2021

FORM WH-M

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

RETURN FORM WITH PAYMENT

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(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO
VILLAGE OF STRASBURG

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING
MARCH 31, 2021

DUE ON OR BEFORE
APRIL 15, 2021

MAIL TO:
VILLAGE OF STRASBURG
WITHHOLDING PAYMENTS
P.O. BOX 527
EATON RAPIDS, MI 48827
TELEPHONE (330) 878-7213

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FORM WH-M

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

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(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO
VILLAGE OF STRASBURG

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING
APRIL 30, 2021

DUE ON OR BEFORE
MAY 15, 2021

MAIL TO:
VILLAGE OF STRASBURG
WITHHOLDING PAYMENTS
P.O. BOX 527
EATON RAPIDS, MI 48827
TELEPHONE (330) 878-7213

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FORM WH-M

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

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(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO
VILLAGE OF STRASBURG

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING
MAY 31, 2021

DUE ON OR BEFORE
JUNE 15, 2021

MAIL TO:
VILLAGE OF STRASBURG
WITHHOLDING PAYMENTS
P.O. BOX 527
EATON RAPIDS, MI 48827
TELEPHONE (330) 878-7213

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FORM WH-M

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

RETURN FORM WITH PAYMENT

Table with 6 rows for tax calculations: 1. Taxable Earnings, 2. Actual Tax Withheld, 3. Adjustment of tax, 4. Penalty, 5. Interest, 6. Total. Includes checkboxes for 'DO NOT ROUND' and 'Is this a courtesy withholding?'.

I hereby certify that the information and statements contained herein are true and correct. (Signed) _____ (Official Title) _____ Date _____ Federal ID no. _____ Phone no. _____

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MAIL TO: VILLAGE OF STRASBURG WITHHOLDING PAYMENTS

P.O. BOX 527 EATON RAPIDS, MI 48827 TELEPHONE (330) 878-7213

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING JUNE 30, 2021

DUE ON OR BEFORE JULY 15, 2021

FORM WH-M

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

RETURN FORM WITH PAYMENT

Table with 6 rows for tax calculations: 1. Taxable Earnings, 2. Actual Tax Withheld, 3. Adjustment of tax, 4. Penalty, 5. Interest, 6. Total. Includes checkboxes for 'DO NOT ROUND' and 'Is this a courtesy withholding?'.

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MAIL TO: VILLAGE OF STRASBURG WITHHOLDING PAYMENTS

P.O. BOX 527 EATON RAPIDS, MI 48827 TELEPHONE (330) 878-7213

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NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING JULY 31, 2021

DUE ON OR BEFORE AUGUST 15, 2021

FORM WH-M

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

RETURN FORM WITH PAYMENT

Table with 6 rows for tax calculations: 1. Taxable Earnings, 2. Actual Tax Withheld, 3. Adjustment of tax, 4. Penalty, 5. Interest, 6. Total. Includes checkboxes for 'DO NOT ROUND' and 'Is this a courtesy withholding?'.

I hereby certify that the information and statements contained herein are true and correct. (Signed) _____ (Official Title) _____ Date _____ Federal ID no. _____ Phone no. _____

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MAIL TO: VILLAGE OF STRASBURG WITHHOLDING PAYMENTS

P.O. BOX 527 EATON RAPIDS, MI 48827 TELEPHONE (330) 878-7213

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING AUGUST 31, 2021

DUE ON OR BEFORE SEPTEMBER 15, 2021

FORM WH-M

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

RETURN FORM WITH PAYMENT

Table with 6 rows for tax calculations: 1. Taxable Earnings, 2. Actual Tax Withheld, 3. Adjustment of tax, 4. Penalty, 5. Interest, 6. Total. Includes checkboxes for courtesy withholding and final return.

DO NOT ROUND

I hereby certify that the information and statements contained herein are true and correct. (Signed) _____ (Official Title) _____ Date _____ Federal ID no. _____ Phone no. _____

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NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING SEPTEMBER 30, 2021

DUE ON OR BEFORE OCTOBER 15, 2021

MAIL TO: VILLAGE OF STRASBURG WITHHOLDING PAYMENTS

P.O. BOX 527 EATON RAPIDS, MI 48827 TELEPHONE (330) 878-7213

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

FORM WH-M

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

RETURN FORM WITH PAYMENT

Table with 6 rows for tax calculations: 1. Taxable Earnings, 2. Actual Tax Withheld, 3. Adjustment of tax, 4. Penalty, 5. Interest, 6. Total. Includes checkboxes for courtesy withholding and final return.

DO NOT ROUND

I hereby certify that the information and statements contained herein are true and correct. (Signed) _____ (Official Title) _____ Date _____ Federal ID no. _____ Phone no. _____

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NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING OCTOBER 31, 2021

DUE ON OR BEFORE NOVEMBER 15, 2021

MAIL TO: VILLAGE OF STRASBURG WITHHOLDING PAYMENTS

P.O. BOX 527 EATON RAPIDS, MI 48827 TELEPHONE (330) 878-7213

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FORM WH-M

VILLAGE OF STRASBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

RETURN FORM WITH PAYMENT

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DO NOT ROUND

I hereby certify that the information and statements contained herein are true and correct. (Signed) _____ (Official Title) _____ Date _____ Federal ID no. _____ Phone no. _____

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NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING NOVEMBER 30, 2021

DUE ON OR BEFORE DECEMBER 15, 2021

MAIL TO: VILLAGE OF STRASBURG WITHHOLDING PAYMENTS

P.O. BOX 527 EATON RAPIDS, MI 48827 TELEPHONE (330) 878-7213

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FORM WH-M

1. Taxable Earnings paid all Employees subject to Village of Strasburg, 1.5% (.015) Income Tax	1.	DO NOT ROUND
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Is this a final return?..... <input type="checkbox"/> YES <input type="checkbox"/> NO		
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4. Penalty, 50% of the tax due	4.	
5. Interest	5.	
6. Total - (Lines 2-5).....	6.	

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(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO VILLAGE OF STRASBURG

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING
DECEMBER 31, 2021
 DUE ON OR BEFORE
JANUARY 15, 2022

MAIL TO:
VILLAGE OF STRASBURG
WITHHOLDING PAYMENTS
 P.O. BOX 527
 EATON RAPIDS, MI 48827
 TELEPHONE (330) 878-7213

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FORM WH-M

**VILLAGE OF STRASBURG
 ANNUAL RECONCILIATION
 SUBMIT BY THE LAST DAY OF FEBRUARY, 2022.
 W-2'S OR LIST MUST BE ATTACHED.**

**MAIL TO: VILLAGE OF STRASBURG
 WITHHOLDING PAYMENTS
 P.O. BOX 527
 EATON RAPIDS, MI 48827**

PHONE: (330) 878-7213

FOR TAX YEAR ENDING _____

PAYMENT ENCLOSED (if there is a balance due)

NAME: _____ ACCOUNT NUMBER: _____

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1ST QUARTER	3RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2ND QUARTER	4TH QUARTER

SUMMARY MUST BE COMPLETED	
1. NUMBER OF EMPLOYEES:	_____
2. WAGES SUBJECT TO STRASBURG TAX: \$	_____
3. STRASBURG TAX WITHHELD \$	_____
4. STRASBURG TAX REMITTED \$	_____
5. BALANCE DUE OR REFUND \$	_____

OFFICE USE ONLY

W-2'S CKD: _____

DATE: _____

R: \$ _____

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

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____