

Dear Employer:

This is your 2023 Employer's Quarterly Return of Tax Withheld package. Included are all four quarterly forms for your convenience. The quarterly forms are due as so indicated. We have also included the Employer Reconciliation of Income Tax Withheld for 2023. **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 QUARTERLY 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 quarter for Village of Strasburg.....	2.
3.	Adjustment of tax for prior quarter (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

1ST QUARTER

JAN, FEB, MAR

DUE ON OR BEFORE
APRIL 30, 2023

FORM WH-Q

VILLAGE OF STRASBURG EMPLOYER'S QUARTERLY 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

2ND QUARTER

APR, MAY, JUN

DUE ON OR BEFORE
JULY 31, 2023

FORM WH-Q

VILLAGE OF STRASBURG EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

AMENDED

RETURN FORM WITH PAYMENT

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If yes, attach explanation		
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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

3RD QUARTER

JUL, AUG, SEPT

DUE ON OR BEFORE
OCTOBER 31, 2023

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-Q

VILLAGE OF STRASBURG EMPLOYER'S QUARTERLY 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

4TH QUARTER

OCT, NOV, DEC

DUE ON OR BEFORE
JANUARY 31, 2024

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-Q

VILLAGE OF STRASBURG ANNUAL RECONCILIATION

SUBMIT BY THE LAST DAY OF FEBRUARY, 2024.

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. _____