

Dear Employer:

This is your 2022 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 2022. **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, 2022

FORM WH-Q

**VILLAGE OF STRASBURG EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

AMENDED

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NAME AND ADDRESS

**2ND QUARTER**

APR, MAY, JUN

DUE ON OR BEFORE  
JULY 31, 2022

FORM WH-Q

**VILLAGE OF STRASBURG EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

AMENDED

**RETURN FORM WITH PAYMENT**

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5. Interest .....	5.	
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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, 2022**

**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 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, 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 ANNUAL RECONCILIATION**

**SUBMIT BY THE LAST DAY OF FEBRUARY, 2023. 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

<b>SUMMARY MUST BE COMPLETED</b>	
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. \_\_\_\_\_