



Tax Year 20\_\_

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. This is the instruction area.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.500 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Interest: 0.50% per month.....	7	
8. 50%.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

**THIS RETURN MUST BE FILED ON  
OR BEFORE APRIL 30, 20\_\_**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF WEST UNITY  
 224 W JACKSON ST  
 PO BOX 207  
 WEST UNITY OH 43570-0207  
 Voice 419-924-2215 Ext Fax 419-924-2894

Name

And

Address

Period Ending JAN-FEB-MAR

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



Tax Year 20\_\_

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. This is the instruction area.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.500 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Interest: 0.50% per month.....	7	
8. 50%.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

**THIS RETURN MUST BE FILED ON  
OR BEFORE JULY 31, 20\_\_**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF WEST UNITY  
 224 W JACKSON ST  
 PO BOX 207  
 WEST UNITY OH 43570-0207  
 Voice 419-924-2215 Ext Fax 419-924-2894

Name

And

Address

Period Ending APR-MAY-JUN

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



Tax Year 20\_\_

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. This is the instruction area.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.500 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Interest: 0.50% per month.....	7	
8. 50%.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

**THIS RETURN MUST BE FILED ON  
OR BEFORE OCTOBER 31, 20\_\_**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF WEST UNITY  
 224 W JACKSON ST  
 PO BOX 207  
 WEST UNITY OH 43570-0207  
 Voice 419-924-2215 Ext Fax 419-924-2894

Name

And

Address

Period Ending JUL-AUG-SEP

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. This is the instruction area.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.500 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Interest: 0.50% per month.....	7	
8. 50%.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 20\_\_

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE JANUARY 31, 20\_\_**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF WEST UNITY  
 224 W JACKSON ST  
 PO BOX 207  
 WEST UNITY OH 43570-0207  
 Voice 419-924-2215 Ext      Fax 419-924-2894

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.