

1. Number of Taxable Employees.	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.375 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.50 per month.	6		
7. 50% of amount due.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2018

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 APRIL 30, 2018**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WILLARD INCOME TAX DEPT
631 MYRTLE AVE
P O BOX 367
WILLARD OH 44890

Voice 419-933-7808 Ext Fax 419-933-4545

Name

And

Address

Period Ending JAN-FEB-MAR

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. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.375 %.	4		
5. Adjustments of Tax for Prior Period.	5		
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8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2018
 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 JULY 31, 2018**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF WILLARD INCOME TAX DEPT
 631 MYRTLE AVE
 P O BOX 367
 WILLARD OH 44890
 Voice 419-933-7808 Ext Fax 419-933-4545

Period Ending APR-MAY-JUN

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		
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8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2018
 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 OCTOBER 31, 2018**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF WILLARD INCOME TAX DEPT
 631 MYRTLE AVE
 P O BOX 367
 WILLARD OH 44890
 Voice 419-933-7808 Ext Fax 419-933-4545

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. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.375 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.50 per month.	6		
7. 50% of amount due.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2018

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, 2019**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WILLARD INCOME TAX DEPT
631 MYRTLE AVE
P O BOX 367
WILLARD OH 44890

Voice 419-933-7808 Ext Fax 419-933-4545

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

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