

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 FEBRUARY 15, 2020**

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 JANUARY

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 MARCH 15, 2020**

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 FEBRUARY

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 15, 2020**

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 MARCH

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 MAY 15, 2020**

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 APRIL

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 JUNE 15, 2020**

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 MAY

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 15, 2020**

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 JUNE

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 AUGUST 15, 2020**

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 JULY

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 SEPTEMBER 15, 2020**

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 AUGUST

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 15, 2020**

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 **SEPTEMBER**

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 NOVEMBER 15, 2020**

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 **OCTOBER**

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 DECEMBER 15, 2020**

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 **NOVEMBER**

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. 0.583 per month/ INTEREST.	6		
7. 50% of amount due/ LATE PENALTY.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2020

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 15, 2021**

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 **DECEMBER**

TAX ID _____

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