

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

**Tax Year 2021**

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

**Tax Year 2021**

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, 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 Fax 419-933-4545

Name

And

Address

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

**Tax Year 2021**

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, 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 Fax 419-933-4545

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. Taxable Earnings (from line 2). ....	3		
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6. 0.42 per month/ INTEREST. ....	6		
7. 50% of amount due/ LATE PENALTY. ....	7		
8. Total (Include Interest and Penalty if Due). ....	8		

**Tax Year 2021**

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, 2022**

**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 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.