

EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

"If no wages paid this month mark "None" and return this form."

	DOLLARS	CENTS
1. Total Salaries, Wages, Commissions and other Compensation paid all employees	\$	
2. Less - Wages paid non-residents for services performed outside Port Washington and to persons under age 16		
3. Taxable Earnings (Items 1 minus 2)	\$	
4. Actual Tax Withheld at 1.5%	\$	
5. Adjustments of Tax for Prior Period		
6. TOTAL		

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ /_____/_____
Owner, Partner, Member, President, Treasure, Agent Date

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE AS SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:

PORT WASHINGTON - INCOME TAX

FOR MONTHS OF

INCOME TAX DEPT.

DUE ON OR BEFORE

MAIL TO : VILLAGE HALL
PORT WASHINGTON, OHIO 43837

Notify Income Tax Department promptly of any change in name or address as shown above.

If receipt is desired, return Taxpayer's Copy of this form and enclose self-addressed, stamped envelope.