

**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER  
 PAYABLE TO: **CROOKSVILLE INCOME TAX**  
 AND MAIL WITH COMPLETE RETURN. All  
 information and correspondence regarding this re-  
 turn should be addressed to  
 Crooksville Income Tax  
 98 South Buckeye Street  
 Crooksville, OH 43731.

**FOR MONTH ENDING**  
**January 31, 2017**

---

**DUE ON OR BEFORE**  
**February 15, 2017**

**Business Name:** \_\_\_\_\_

**FID:** \_\_\_\_\_

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

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

**EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER  
 PAYABLE TO: **CROOKSVILLE INCOME TAX**  
 AND MAIL WITH COMPLETE RETURN. All  
 information and correspondence regarding this re-  
 turn should be addressed to  
 Crooksville Income Tax  
 98 South Buckeye Street  
 Crooksville, OH 43731.

**FOR MONTH ENDING**  
**February 28, 2017**

---

**DUE ON OR BEFORE**  
**March 15, 2017**

**Business Name:** \_\_\_\_\_

**FID:** \_\_\_\_\_

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

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

**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER  
 PAYABLE TO: **CROOKSVILLE INCOME TAX**  
 AND MAIL WITH COMPLETE RETURN. All  
 information and correspondence regarding this re-  
 turn should be addressed to  
 Crooksville Income Tax  
 98 South Buckeye Street  
 Crooksville, OH 43731.

**FOR MONTH ENDING**  
**March 31, 2017**

---

**DUE ON OR BEFORE**  
**April 15, 2017**

**Business Name:** \_\_\_\_\_  
**FID:** \_\_\_\_\_

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

Signature

Title

Date

**EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER  
 PAYABLE TO: **CROOKSVILLE INCOME TAX**  
 AND MAIL WITH COMPLETE RETURN. All  
 information and correspondence regarding this re-  
 turn should be addressed to  
 Crooksville Income Tax  
 98 South Buckeye Street  
 Crooksville, OH 43731.

**FOR MONTH ENDING**  
**April 30, 2017**

---

**DUE ON OR BEFORE**  
**May 15, 2017**

**Business Name:** \_\_\_\_\_  
**FID:** \_\_\_\_\_

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

Signature

Title

Date

**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER PAYABLE TO: **CROOKSVILLE INCOME TAX** AND MAIL WITH COMPLETE RETURN. All information and correspondence regarding this return should be addressed to

Crooksville Income Tax  
98 South Buckeye Street  
Crooksville, OH 43731.

**FOR MONTH ENDING  
May 31, 2017**

**DUE ON OR BEFORE  
June 15, 2017**

**Business Name:** \_\_\_\_\_

**FID:** \_\_\_\_\_

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

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

**EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER PAYABLE TO: **CROOKSVILLE INCOME TAX** AND MAIL WITH COMPLETE RETURN. All information and correspondence regarding this return should be addressed to

Crooksville Income Tax  
98 South Buckeye Street  
Crooksville, OH 43731.

**FOR MONTH ENDING  
June 30, 2017**

**DUE ON OR BEFORE  
July 15, 2017**

**Business Name:** \_\_\_\_\_

**FID:** \_\_\_\_\_

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

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

**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER  
 PAYABLE TO: **CROOKSVILLE INCOME TAX**  
 AND MAIL WITH COMPLETE RETURN. All  
 information and correspondence regarding this re-  
 turn should be addressed to  
 Crooksville Income Tax  
 98 South Buckeye Street  
 Crooksville, OH 43731.

<b>FOR MONTH ENDING</b> July 31, 2017
<b>DUE ON OR BEFORE</b> August 15, 2017

**Business Name:** \_\_\_\_\_  
**FID:** \_\_\_\_\_

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

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

**EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER  
 PAYABLE TO: **CROOKSVILLE INCOME TAX**  
 AND MAIL WITH COMPLETE RETURN. All  
 information and correspondence regarding this re-  
 turn should be addressed to  
 Crooksville Income Tax  
 98 South Buckeye Street  
 Crooksville, OH 43731.

<b>FOR MONTH ENDING</b> August 31, 2017
<b>DUE ON OR BEFORE</b> September 15, 2017

**Business Name:** \_\_\_\_\_  
**FID:** \_\_\_\_\_

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

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

**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER  
 PAYABLE TO: **CROOKSVILLE INCOME TAX**  
 AND MAIL WITH COMPLETE RETURN. All  
 information and correspondence regarding this re-  
 turn should be addressed to  
 Crooksville Income Tax  
 98 South Buckeye Street  
 Crooksville, OH 43731.

**FOR MONTH ENDING**  
**September 30, 2017**

---

**DUE ON OR BEFORE**  
**October 15, 2017**

**Business Name:** \_\_\_\_\_  
**FID:** \_\_\_\_\_

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

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

**EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER  
 PAYABLE TO: **CROOKSVILLE INCOME TAX**  
 AND MAIL WITH COMPLETE RETURN. All  
 information and correspondence regarding this re-  
 turn should be addressed to  
 Crooksville Income Tax  
 98 South Buckeye Street  
 Crooksville, OH 43731.

**FOR MONTH ENDING**  
**October 31, 2017**

---

**DUE ON OR BEFORE**  
**November 15, 2017**

**Business Name:** \_\_\_\_\_  
**FID:** \_\_\_\_\_

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

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

**EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER PAYABLE TO: **CROOKSVILLE INCOME TAX** AND MAIL WITH COMPLETE RETURN. All information and correspondence regarding this return should be addressed to

Crooksville Income Tax  
98 South Buckeye Street  
Crooksville, OH 43731.

**FOR MONTH ENDING  
November 30, 2017**

**DUE ON OR BEFORE  
December 15, 2017**

**Business Name:** \_\_\_\_\_

**FID:** \_\_\_\_\_

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

Signature

Title

Date

**EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions and other Compensation Paid all Employees..... \$ \_\_\_\_\_
- 3. Less: Non-Taxable Items (Compensation Paid Non-Residents for Services outside and to persons under age 18)..... \_\_\_\_\_
- 4. Taxable Earnings (Item 2 minus Item 3)..... \_\_\_\_\_
- 5. Actual Tax Withheld at one and one-half percent... \$ \_\_\_\_\_
- 6. Adjustment of Tax for Prior Quarter..... \_\_\_\_\_
- 7. Interest (0.417% per month)..... \_\_\_\_\_
- 8. Penalty (50% of Unpaid Tax)..... \_\_\_\_\_
- 9. Total (Include Interest and Penalty due)..... \$ \_\_\_\_\_

MAKE CHECK, DRAFT OR MONEY ORDER PAYABLE TO: **CROOKSVILLE INCOME TAX** AND MAIL WITH COMPLETE RETURN. All information and correspondence regarding this return should be addressed to

Crooksville Income Tax  
98 South Buckeye Street  
Crooksville, OH 43731.

**FOR MONTH ENDING  
December 31, 2017**

**DUE ON OR BEFORE  
January 15, 2018**

**Business Name:** \_\_\_\_\_

**FID:** \_\_\_\_\_

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

Signature

Title

Date