

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Tax Year 2017

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, 2017**

MAKE CHECK OR MONEY ORDER TO:
WEST SALEM VILLAGE
PO BOX 386
27 S. MAIN STREET
WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Name _____
 And _____
 Address _____

Tax Year 2017

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, 2017**

MAKE CHECK OR MONEY ORDER TO:
 WEST SALEM VILLAGE
 PO BOX 386
 27 S. MAIN STREET
 WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Name _____
 And _____
 Address _____

Tax Year 2017

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, 2018**

MAKE CHECK OR MONEY ORDER TO:
 WEST SALEM VILLAGE
 PO BOX 386
 27 S. MAIN STREET
 WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Tax Year 2017

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, 2017

MAKE CHECK OR MONEY ORDER TO:

WEST SALEM VILLAGE
PO BOX 386
27 S. MAIN STREET
WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Tax Year 2017

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, 2017

MAKE CHECK OR MONEY ORDER TO:

WEST SALEM VILLAGE
PO BOX 386
27 S. MAIN STREET
WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Tax Year 2017

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, 2017**

MAKE CHECK OR MONEY ORDER TO:
WEST SALEM VILLAGE
PO BOX 386
27 S. MAIN STREET
WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Tax Year 2017

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, 2017**

MAKE CHECK OR MONEY ORDER TO:
WEST SALEM VILLAGE
PO BOX 386
27 S. MAIN STREET
WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Tax Year 2017

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, 2017

MAKE CHECK OR MONEY ORDER TO:

WEST SALEM VILLAGE
PO BOX 386
27 S. MAIN STREET
WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Tax Year 2017

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, 2017

MAKE CHECK OR MONEY ORDER TO:

WEST SALEM VILLAGE
PO BOX 386
27 S. MAIN STREET
WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Name
 And
 Address

Tax Year 2017

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, 2017**

MAKE CHECK OR MONEY ORDER TO:
 WEST SALEM VILLAGE
 PO BOX 386
 27 S. MAIN STREET
 WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Name
 And
 Address

Tax Year 2017

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, 2017**

MAKE CHECK OR MONEY ORDER TO:
 WEST SALEM VILLAGE
 PO BOX 386
 27 S. MAIN STREET
 WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

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 1.0 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Total (Include Interest and Penalty if Due).	6		

Tax Year 2017

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, 2018**

MAKE CHECK OR MONEY ORDER TO:
WEST SALEM VILLAGE
PO BOX 386
27 S. MAIN STREET
WEST SALEM OH 44287

Voice 419-853-4809 Fax 419-853-4158

Name
And
Address

Period Ending **DECEMBER**

TAX ID

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