FORM W1 1133	EMPLOYER'S WITHHOLDING - MC	NTHLY		
Number of Taxable Employees			Tax Year	2017
Total Salaries, Wages, Commissions and Compensation paid all employees			ertify that the information	and statements contained he attached are true and correct
		Signed		
3. Taxable Earnings (from line 2)	3	Title		Date
4. Actual Tax Withheld at 1.0 %	4	Phone #		
5. Adjustments of Tax for Prior Period	5	THIS	RETURN MUST	BE FILED ON
		OR B	EFORE FEBRUAR	Y 15, 2017
	6	MAK	<b>(E CHECK OR M</b>	ONEY ORDER TO:
6. Total (Include Interest and Penalty if Due).	<u>o</u>		WEST SALE	M VILLAGE
			PO BOX	X 386
Name			27 S. MAIN WEST SALEM	-
And		Voice	419-853-4809	Fax 419-853-415

Address

Period Ending JANUARY

TAX ID

1. Number of Taxable Employees	11	
Total Salaries, Wages, Commissions and other     Compensation paid all employees		Tax Year 2017  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct.
3. Taxable Earnings (from line 2)		Signed Date
. Actual Tax Withheld at 1.0 %		
Adjustments of Tax for Prior Period.	5	Phone#
. Adjustments of Fux for Finor Feriod		OR BEFORE MARCH 15, 2017
		MAKE CHECK OR MONEY ORDER TO:
. Total (Include Interest and Penalty if Due)	6	WEST SALEM VILLAGE
		PO BOX 386
Name		27 S. MAIN STREET
		WEST SALEM OH 44287
And		Voice 419-853-4809 Fax 419-853-4158
Address		Period Ending FEBRUARY
		_
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
		NG - MONTHLY
. Number of Taxable Employees.	1	NG - MONTHLY  Tax Year 2017 I hereby certify that the information and statements contained he
. Number of Taxable Employees.	1	Tax Year 2017  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct.
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Number of Taxable Employees.  Total Salaries, Wages, Commissions and other Compensation paid all employees.  Taxable Earnings (from line 2).  Actual Tax Withheld at 1.0 %.  Adjustments of Tax for Prior Period.	1 2 3 4 5	Tax Year 2017  I hereby certify that the information and statements contained he 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:
. Number of Taxable Employees.  2. Total Salaries, Wages, Commissions and other Compensation paid all employees.  3. Taxable Earnings (from line 2).  4. Actual Tax Withheld at 1.0 %.  5. Adjustments of Tax for Prior Period.	1 2 3 4 5	Tax Year 2017  I hereby certify that the information and statements contained he 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
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Number of Taxable Employees. Total Salaries, Wages, Commissions and other compensation paid all employees.  Taxable Earnings (from line 2). Actual Tax Withheld at 1.0 %. Adjustments of Tax for Prior Period.  Total (Include Interest and Penalty if Due).  Name  And	1 2 3 4 5	Tax Year 2017  I hereby certify that the information and statements contained he 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
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.0 %. 5. Adjustments of Tax for Prior Period. 6. Total (Include Interest and Penalty if Due).  Name	1 2 3 4 5	Tax Year 2017  I hereby certify that the information and statements containe in and in any schedules or exhibits attached are true and consigned  Title

1. Number of Taxable Employees	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2017  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
	Signed
3. Taxable Earnings (from line 2)	Date
4. Actual Tax Withheld at 1.0 %	
5. Adjustments of Tax for Prior Period. 5	Phone # Phone # THIS RETURN MUST BE FILED ON
2. Adjustificite of Tax for File Follows:	OR BEFORE MAY 15, 2017
	MAKE CHECK OR MONEY ORDER TO:
6. Total (Include Interest and Penalty if Due)	
	WEST SALEM VILLAGE PO BOX 386
Name	27 S. MAIN STREET WEST SALEM OH 44287
And	Voice 419-853-4809 Fax 419-853-4158
Addross	
Address	Period Ending APRIL
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1133 EMPLOYER'S WITHHOLI  1. Number of Taxable Employees	DING - MONTHLY  Tax Year 2017
	DING - MONTHLY
Number of Taxable Employees	Tax Year 2017 I hereby certify that the information and statements contained he
Number of Taxable Employees	Tax Year 2017  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
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1. Number of Taxable Employees	Tax Year 2017  I hereby certify that the information and statements contained he 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
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1. Number of Taxable Employees	Tax Year 2017  I hereby certify that the information and statements contained he 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
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1. Number of Taxable Employees	Tax Year 2017  I hereby certify that the information and statements contained he 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

1. Number of Taxable Employees	T V 2047
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2017  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
	Signed
B. Taxable Earnings (from line 2)	Title Date
Actual Tax Withheld at 1.0 %	Phone #
i. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OR BEFORE JULY 15, 2017
	MAKE CHECK OR MONEY ORDER TO:
6. Total (Include Interest and Penalty if Due)	WEST SALEM VILLAGE
	PO BOX 386
Name	27 S. MAIN STREET WEST SALEM OH 44287
And	Voice 419-853-4809 Fax 419-853-4158
Address	Period Ending JUNE
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
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. Number of Taxable Employees	
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. Number of Taxable Employees	Tax Year 2017  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
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1   2. Total Salaries, Wages, Commissions and other Compensation paid all employees.   2   2   2   2   3. Taxable Earnings (from line 2).   3   3   4   4   5. Adjustments of Tax for Prior Period.   5   5   5   5   5   6   6   7   7   7   7   7   7   7   7	Tax Year 2017  I hereby certify that the information and statements contained her 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:
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1. Number of Taxable Employees	Tax Year 2017  I hereby certify that the information and statements contained her 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

1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees		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
B. Taxable Earnings (from line 2)	2	Title Date
Actual Tax Withheld at 1.0 %		Phone #
. Adjustments of Tax for Prior Period.	5	THIS RETURN MUST BE FILED ON
		OR BEFORE SEPTEMBER 15, 2017
		MAKE CHECK OR MONEY ORDER TO:
. Total (Include Interest and Penalty if Due)	6	WEST SALEM VILLAGE
		PO BOX 386
Name		27 S. MAIN STREET
		WEST SALEM OH 44287
And		Voice 419-853-4809 Fax 419-853-4158
Address		Period Ending AUGUST
		-
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
. Number of Taxable Employees		Tax Year 2017 I hereby certify that the information and statements contained her
. Number of Taxable Employees	1	Tax Year 2017  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
. Number of Taxable Employees	2	Tax Year 2017  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed
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Number of Taxable Employees.  Total Salaries, Wages, Commissions and other Compensation paid all employees.  Taxable Earnings (from line 2).  Actual Tax Withheld at 1.0 %.  Adjustments of Tax for Prior Period.	1 2 3 4 5	Tax Year 2017  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2017  MAKE CHECK OR MONEY ORDER TO:
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I. Number of Taxable Employees.  2. Total Salaries, Wages, Commissions and other Compensation paid all employees.  3. Taxable Earnings (from line 2).  4. Actual Tax Withheld at 1.0 %.  5. Adjustments of Tax for Prior Period.  6. Total (Include Interest and Penalty if Due).  Name	1 2 3 4 5	Tax Year 2017  I hereby certify that the information and statements contained he 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

1. Number of Taxable Employees	T V 0047
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	I hereby certify that the information and statements contained in any schedules or exhibits attached are true and corr
	Signed
3. Taxable Earnings (from line 2)	Title Date
4. Actual Tax Withheld at 1.0 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
	OR BEFORE NOVEMBER 15, 2017
	MAKE CHECK OR MONEY ORDER TO
S. Total (Include Interest and Penalty if Due)	WEST SALEM VILLAGE
	PO BOX 386
Name	27 S. MAIN STREET WEST SALEM OH 44287
And	Voice 419-853-4809 Fax 419-853-4
Address	Period Ending OCTOBER
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS
	VITHHOLDING - MONTHLY
I. Number of Taxable Employees	Tax Year 2017
1. Number of Taxable Employees	Tax Year 2017 I hereby certify that the information and statements contained
. Number of Taxable Employees	Tax Year 2017  I hereby certify that the information and statements contained in and in any schedules or exhibits attached are true and contained in any schedules.
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. 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 in and in any schedules or exhibits attached are true and considered in an additional in any schedules or exhibits attached are true and considered in an additional in any schedules or exhibits attached are true and considered in an additional in any schedules or exhibits attached are true and considered in any schedules or exhibits attached are true any schedules or exhibits attached are true any schedules or exhi
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. Number of Taxable Employees	Tax Year 2017  I hereby certify that the information and statements contained in and in any schedules or exhibits attached are true and consigned  Title
1. Number of Taxable Employees.   2. Total Salaries, Wages, Commissions and other Compensation paid all employees.   2.     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	Tax Year 2017  I hereby certify that the information and statements contained in and in any schedules or exhibits attached are true and consigned  Title

FORM W1 1133	EMPLOYER'S WITHHOLDING - MOI	NTHLY
Number of Taxable Employees     Total Salaries, Wages, Commissions an Compensation paid all employees	d other	Tax Year 2017  I hereby certify that the information and statements containe in and in any schedules or exhibits attached are true and considerable.
Taxable Earnings (from line 2)		Signed Date Date
Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2018
6. Total (Include Interest and Penalty if Du	e)	MAKE CHECK OR MONEY ORDER T WEST SALEM VILLAGE
Name		PO BOX 386 27 S. MAIN STREET WEST SALEM OH 44287
And		Voice 419-853-4809 Fax 419-853-4

Period Ending DECEMBER

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

TAX ID

Address