FORM W1 1133	EMPLOYER'S WITHHOLDING - QUAR	TERLY	
Number of Taxable Employees Total Salaries, Wages, Commissi Compensation paid all employees	ons and other	I hereby certify that the infor	ear 2017 mation and statements contained health
3. Taxable Earnings (from line 2)	3	Signed	Date
4. Actual Tax Withheld at 1.0 %5. Adjustments of Tax for Prior Period	_	Phone # THIS RETURN M OR BEFORE APR	UST BE FILED ON
6. Total (Include Interest and Penalt	y if Due)	MAKE CHECK (OR MONEY ORDER TO: SALEM VILLAGE
Name		27 S.	O BOX 386 MAIN STREET ALEM OH 44287
And		Voice 419-853-4809	Fax 419-853-415

Period Ending JAN-FEB-MAR

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

TAX ID

Address

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 here in and in any schedules or exhibits attached are true and correct.
	Signed
3. Taxable Earnings (from line 2)	Title Date
4. Actual Tax Withheld at 1.0 %	Phone #
5. Adjustments of Tax for Prior Period. 5	THIS RETURN MUST BE FILED ON
	OR BEFORE JULY 31, 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 APR-MAY-JUN
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM WA 4400 FMPL OVERIO WIT	WHOLDING GUADTERLY
	HHOLDING - QUARTERLY
. Number of Taxable Employees	
Number of Taxable Employees	HHOLDING - QUARTERLY 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.
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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 OCTOBER 31, 2017
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 Phone # THIS RETURN MUST BE FILED ON
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 OCTOBER 31, 2017 MAKE CHECK OR MONEY ORDER TO:
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 OCTOBER 31, 2017 MAKE CHECK OR MONEY ORDER TO: WEST SALEM VILLAGE PO BOX 386 27 S. MAIN STREET
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 OCTOBER 31, 2017 MAKE CHECK OR MONEY ORDER TO: WEST SALEM VILLAGE PO BOX 386
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NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

FORM W1 1133 EN	IPLOYER'S WITHHOLDING - QUA	ARTERLY	
Number of Taxable Employees		Tou Vo	0047
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	I hereby certify that the information	ar 2017 ation and statements contained h ibits 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 MU	ST BE FILED ON
		OR BEFORE JANU	ARY 31, 2018
6. Total (Include Interest and Penalty if Due)	6	MAKE CHECK O	R MONEY ORDER TO:
6. Total (include interest and Ferlally II Due)		WEST SA	ALEM VILLAGE
			BOX 386
Name		_	IAIN STREET LEM OH 44287
And		Voice 419-853-4809	Fax 419-853-415

Address

Period Ending OCT-NOV-DEC

TAX ID

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