

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 APRIL 30, 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 JAN-FEB-MAR

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 JULY 31, 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 APR-MAY-JUN

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		
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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 OCTOBER 31, 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 JUL-AUG-SEP

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 31, 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 OCT-NOV-DEC

TAX ID _____

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