

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 1.000 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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, 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 Ext \_\_\_\_\_ Fax 419-853-4158

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 1.000 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**  
 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, 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 Ext      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 1.000 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**  
 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 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 Ext      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 1.000 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**  
 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, 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 Ext      Fax 419-853-4158

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 1.000 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**  
 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, 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 Ext      Fax 419-853-4158

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 1.000 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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, 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 Ext      Fax 419-853-4158

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 1.000 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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, 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 Ext      Fax 419-853-4158

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 1.000 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. Total (Include Interest and Penalty if Due). ....	6	

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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, 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 Ext      Fax 419-853-4158

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 1.000 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. Total (Include Interest and Penalty if Due). ....	6	

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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, 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 Ext      Fax 419-853-4158

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 1.000 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. Total (Include Interest and Penalty if Due). ....	6	

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**  
 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, 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 Ext      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 1.000 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. Total (Include Interest and Penalty if Due). ....	6	

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**  
 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, 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 Ext      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 1.000 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

TAX RATE FOR FOURTH QUARTER IS 1.0%

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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, 2019**

**MAKE CHECK OR MONEY ORDER TO:**

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

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

Period Ending **DECEMBER**

TAX ID \_\_\_\_\_

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