

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 2019

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 15, 2019</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>WEST SALEM VILLAGE PO BOX 386 27 S. MAIN STREET WEST SALEM OH 44287</p> <p>Voice 419-853-4809 Ext Fax 419-853-4158</p>

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 2019

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, 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 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 2019

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, 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 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 2019

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, 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 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 2019

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, 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 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 2019

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE JULY 15, 2019</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>WEST SALEM VILLAGE PO BOX 386 27 S. MAIN STREET WEST SALEM OH 44287</p> <p>Voice 419-853-4809 Ext Fax 419-853-4158</p>
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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 2019

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2019</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>WEST SALEM VILLAGE PO BOX 386 27 S. MAIN STREET WEST SALEM OH 44287</p> <p>Voice 419-853-4809 Ext Fax 419-853-4158</p>
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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 2019
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, 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 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 2019
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, 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 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 2019

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, 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 **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 2019

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, 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 **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 2019

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, 2020**

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.