

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 2020

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, 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 Fax 419-853-4158

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

Name _____
 And _____
 Address _____

Tax Year 2020
 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, 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 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

FORM W1 1133 EMPLOYER'S WITHHOLDING - QUARTERLY

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	

Name _____
 And _____
 Address _____

Tax Year 2020
 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, 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 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

FORM W1 1133 EMPLOYER'S WITHHOLDING - QUARTERLY

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	

Name _____
 And _____
 Address _____

Tax Year 2020
 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, 2021**
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 OCT-NOV-DEC
 TAX ID _____

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