



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 1.950 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest - 0.42 per month.....	6	
7. Penalty - 50%.....	7	
8. Total (Include Interest and Penalty If Due).....	8	

Name _____
 And _____
 Address _____

Tax Year 2021
 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, 2021**
MAKE CHECK OR MONEY ORDER TO:
 CITY OF WASHINGTON COURT HOUSE, OHIO
 117 N. MAIN STREET
 WASHINGTON C. H. OH 43160
 Voice 740-636-2342 Ext Fax 740-636-2348

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 1.950 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest - 0.42 per month.....	6	
7. Penalty - 50%.....	7	
8. Total (Include Interest and Penalty If Due).....	8	

Name _____
 And _____
 Address _____

Tax Year 2021
 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, 2021**
MAKE CHECK OR MONEY ORDER TO:
 CITY OF WASHINGTON COURT HOUSE, OHIO
 117 N. MAIN STREET
 WASHINGTON C. H. OH 43160
 Voice 740-636-2342 Ext Fax 740-636-2348

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	
4. Actual Tax Withheld at 1.950 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest - 0.42 per month.....	6	
7. Penalty - 50%.....	7	
8. Total (Include Interest and Penalty If Due).....	8	

Name _____
 And _____
 Address _____

Tax Year 2021
 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, 2021**
MAKE CHECK OR MONEY ORDER TO:
 CITY OF WASHINGTON COURT HOUSE, OHIO
 117 N. MAIN STREET
 WASHINGTON C. H. OH 43160
 Voice 740-636-2342 Ext Fax 740-636-2348

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 1.950 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest - 0.42 per month.....	6	
7. Penalty - 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2021

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, 2022**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Ext Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending OCT-NOV-DEC

TAX ID _____

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