



|  |   |  |
|--|---|--|
| 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 - 0.58 per month.....  | 6 |  |
| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

**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 FEBRUARY 15, 2020**

**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 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 |  |
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| 6. Interest - 0.58 per month.....  | 6 |  |
| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

**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 MARCH 15, 2020**

**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 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 1.950 %.....   | 4 |  |
| 5. Adjustments of Tax for Prior Period.....  | 5 |  |
| 6. Interest - 0.58 per month.....  | 6 |  |
| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

**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 15, 2020**

**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 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 1.950 %.....   | 4 |  |
| 5. Adjustments of Tax for Prior Period.....  | 5 |  |
| 6. Interest - 0.58 per month.....  | 6 |  |
| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

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 MAY 15, 2020**  
**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 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 1.950 %.....   | 4 |  |
| 5. Adjustments of Tax for Prior Period.....  | 5 |  |
| 6. Interest - 0.58 per month.....  | 6 |  |
| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

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 JUNE 15, 2020**  
**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 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 |  |
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| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

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 15, 2020**  
**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 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 1.950 %.....   | 4 |  |
| 5. Adjustments of Tax for Prior Period.....  | 5 |  |
| 6. Interest - 0.58 per month.....  | 6 |  |
| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

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 AUGUST 15, 2020**

**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 JULY

TAX ID

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



|  |   |  |
|--|---|--|
| 1. Number of Taxable Employees.....  | 1 |  |
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| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

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 SEPTEMBER 15, 2020**

**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 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 |  |
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| 5. Adjustments of Tax for Prior Period.....  | 5 |  |
| 6. Interest - 0.58 per month.....  | 6 |  |
| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

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 15, 2020**

**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 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 |  |
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| 5. Adjustments of Tax for Prior Period.....  | 5 |  |
| 6. Interest - 0.58 per month.....  | 6 |  |
| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

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 NOVEMBER 15, 2020

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 OCTOBER

TAX ID

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



|  |   |  |
|--|---|--|
| 1. Number of Taxable Employees.....  | 1 |  |
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| 7. Penalty - 50%.....  | 7 |  |
| 8. Total (Include Interest and Penalty if Due).....                                  | 8 |  |

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 DECEMBER 15, 2020

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 NOVEMBER

TAX ID

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



|  |   |  |
|--|---|--|
| 1. Number of Taxable Employees.....  | 1 |  |
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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 15, 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

Name

And

Address

Period Ending DECEMBER

TAX ID

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