



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 FEBRUARY 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 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	
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 MARCH 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 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 - 0.42 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 APRIL 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 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.

EMPLOYER'S WITHHOLDING - MONTHLY

01864

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 MAY 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 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending APRIL

TAX ID _____

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

FORM W1 1108

EMPLOYER'S WITHHOLDING - MONTHLY

01865

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 JUNE 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 Fax 740-636-2348

Name _____

And MOUNT CARMEL HEALTH SYSTEM

ATTN: PAYROLL DEPT

5955 EAST BROAD ST

Address COLUMBUS OH 43213

Period Ending MAY

TAX ID _____

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

FORM W1 1108

EMPLOYER'S WITHHOLDING - MONTHLY

01866

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 JULY 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 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending JUNE

TAX ID _____

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

EMPLOYER'S WITHHOLDING - MONTHLY

01867



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 AUGUST 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 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.

FORM W1 1108

EMPLOYER'S WITHHOLDING - MONTHLY

01868



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 SEPTEMBER 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 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.

FORM W1 1108

EMPLOYER'S WITHHOLDING - MONTHLY

01869



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 OCTOBER 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 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.

EMPLOYER'S WITHHOLDING - MONTHLY

01870



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 NOVEMBER 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 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.

FORM W1 1108

EMPLOYER'S WITHHOLDING - MONTHLY

01871



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 DECEMBER 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 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.

FORM W1 1108

EMPLOYER'S WITHHOLDING - MONTHLY

01872



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 15, 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 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.