

**FORM W1 12**

**EMPLOYER'S WITHHOLDING - QUARTERLY**

1. Number of Taxable Employees. ....	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2		
3. Less payroll not subject to tax. ....	3		
4. Taxable Earnings (line 2 minus 3). ....	4		
5. Actual Tax Withheld at 1.200 %. ....	5		
6. Adjustments of Tax for Prior Period. ....	6		
7. Interest. ....	7		
8. Penalty. ....	8		
9. Total (Include Interest and Penalty if Due). ....	9		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2009**  
 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, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF EVENDALE  
 10500 READING RD  
 EVENDALE OH 45241-2574

Voice 513-563-2671 Fax 513-563-2244

Period Ending JAN-FEB-MAR

TAX ID \_\_\_\_\_

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

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2009**  
 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, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF EVENDALE  
 10500 READING RD  
 EVENDALE OH 45241-2574

Voice 513-563-2671 Fax 513-563-2244

Period Ending APR-MAY-JUN

TAX ID \_\_\_\_\_

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

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2009**  
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Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE OCTOBER 31, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF EVENDALE  
 10500 READING RD  
 EVENDALE OH 45241-2574

Voice 513-563-2671 Fax 513-563-2244

Period Ending JUL-AUG-SEP

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

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2009**  
 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, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF EVENDALE  
 10500 READING RD  
 EVENDALE OH 45241-2574

Voice 513-563-2671 Fax 513-563-2244

Period Ending OCT-NOV-DEC

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