

FORM W1 12

EMPLOYER'S WITHHOLDING - MONTHLY

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		

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 FEBRUARY 15, 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

Name _____

And _____

Address _____

Period Ending JANUARY

TAX ID

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

FORM W1 12

EMPLOYER'S WITHHOLDING - MONTHLY

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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 MARCH 15, 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

Name _____

And _____

Address _____

Period Ending FEBRUARY

TAX ID

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

FORM W1 12

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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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2009</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>VILLAGE OF EVENDALE 10500 READING RD EVENDALE OH 45241-2574</p> <p>Voice 513-563-2671 Fax 513-563-2244</p>

Name _____

And _____

Address _____

Period Ending MARCH

TAX ID _____

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

FORM W1 12

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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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE MAY 15, 2009</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>VILLAGE OF EVENDALE 10500 READING RD EVENDALE OH 45241-2574</p> <p>Voice 513-563-2671 Fax 513-563-2244</p>

Name _____

And _____

Address _____

Period Ending APRIL

TAX ID _____

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

FORM W1 12

EMPLOYER'S WITHHOLDING - MONTHLY

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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 JUNE 15, 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

Name

And

Address

Period Ending **MAY**

TAX ID

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

FORM W1 12

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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 15, 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

Name

And

Address

Period Ending **JUNE**

TAX ID

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

FORM W1 12

EMPLOYER'S WITHHOLDING - MONTHLY

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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 AUGUST 15, 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

Name
And
Address

Period Ending JULY

TAX ID

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

FORM W1 12

EMPLOYER'S WITHHOLDING - MONTHLY

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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 SEPTEMBER 15, 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

Name
And
Address

Period Ending AUGUST

TAX ID

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

FORM W1 12

EMPLOYER'S WITHHOLDING - MONTHLY

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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 OCTOBER 15, 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 **SEPTEMBER**

TAX ID

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

FORM W1 12

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1		
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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 NOVEMBER 15, 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 **OCTOBER**

TAX ID

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

FORM W1 12

EMPLOYER'S WITHHOLDING - MONTHLY

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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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 15, 2009</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>VILLAGE OF EVENDALE 10500 READING RD EVENDALE OH 45241-2574</p> <p>Voice 513-563-2671 Fax 513-563-2244</p>
--

Name _____

And _____

Address _____

Period Ending **NOVEMBER**

TAX ID _____

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

FORM W1 12

EMPLOYER'S WITHHOLDING - MONTHLY

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Tax Year 2009

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Signed _____

Title _____ Date _____

Phone # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2010</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>VILLAGE OF EVENDALE 10500 READING RD EVENDALE OH 45241-2574</p> <p>Voice 513-563-2671 Fax 513-563-2244</p>

Name _____

And _____

Address _____

Period Ending **DECEMBER**

TAX ID _____

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