

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 2005

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 _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE FEBRUARY 15, 2005**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

Period Ending **JANUARY**

TAX ID

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

Name _____
 And _____
 Address _____

FORM W1 12

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Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE MARCH 15, 2005**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

Period Ending **FEBRUARY**

TAX ID

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

Name _____
 And _____
 Address _____

FORM W1 12

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Tax Year 2005

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 _____

THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2005

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

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 2005

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 _____

THIS RETURN MUST BE FILED ON OR BEFORE MAY 15, 2005

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

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

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Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE JUNE 15, 2005**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

Name _____
 And _____
 Address _____

Period Ending **MAY**

TAX ID _____

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

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Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE JULY 15, 2005**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

Name _____
 And _____
 Address _____

Period Ending **JUNE**

TAX ID _____

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

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Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE AUGUST 15, 2005**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

Name _____
 And _____
 Address _____

Period Ending **JULY**

TAX ID _____

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

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Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE SEPTEMBER 15, 2005**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

Name _____
 And _____
 Address _____

Period Ending **AUGUST**

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 2005

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 _____

THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2005

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

Period Ending **SEPTEMBER**

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 2005

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 _____

THIS RETURN MUST BE FILED ON OR BEFORE NOVEMBER 15, 2005

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

Period Ending **OCTOBER**

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 2005

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 _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE DECEMBER 15, 2005**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

Period Ending **NOVEMBER**

TAX ID

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

Name _____
 And _____
 Address _____

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Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE JANUARY 15, 2006**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
 10500 READING RD
 EVENDALE OH 45241

Voice 513-563-2671 Fax 513-563-4636

Period Ending **DECEMBER**

TAX ID

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

Name _____
 And _____
 Address _____