<table>
<thead>
<tr>
<th>FORM W1 12</th>
<th>EMPLOYER'S WITHHOLDING - MONTHLY</th>
</tr>
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<tbody>
<tr>
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**Tax Year 2015**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed __________________________ Date ________________

Phone # __________________________

**THIS RETURN MUST BE FILED ON OR BEFORE** FEBRUARY 15, 2015

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

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

**TAX ID**

Name
And
Address

**DATE**

**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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**Tax Year 2015**

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Signed __________________________ Date ________________

Phone # __________________________

**THIS RETURN MUST BE FILED ON OR BEFORE** MARCH 15, 2015

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

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

**TAX ID**

Name
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**FORM W1 12 | EMPLOYER'S WITHHOLDING - MONTHLY**

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Phone # __________________________

**THIS RETURN MUST BE FILED ON OR BEFORE** FEBRUARY 15, 2015

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

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

**TAX ID**

Name
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NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
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**Form W1 12**

1. **Name**
2. **Address**

**Period Ending** MARCH

**TAX ID**

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

---

**Form W1 12**

1. **Name**
2. **Address**

**Period Ending** APRIL

**TAX ID**

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

---

**Tax Year 2015**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed ____________________________  Date ____________

**Phone #**

**THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2015**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

Voice 513-563-2671  Fax 513-563-4636
### FORM W1

#### EMPLOYER'S WITHHOLDING - MONTHLY

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**Name**

And

**Address**

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**Tax Year 2015**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed ___________________________ Date ___________

Phone 

**THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2015**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE

10500 READING RD

EVENDALE OH 45241-2574

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

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**TAX ID**

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

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**Name**

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**Address**

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**Tax Year 2015**

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Signed ___________________________ Date ___________

Phone 

**THIS RETURN MUST BE FILED ON OR BEFORE JULY 15, 2015**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE

10500 READING RD

EVENDALE OH 45241-2574

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

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**TAX ID**

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#### Tax Year 2015

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, 2015**

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

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

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 2015

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, 2015**

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

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

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

---

### Name

#### And

#### Address

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### FORM W1 12

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**Name**

And

**Address**

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**Tax Year 2015**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed __________________________ Date __________

Title __________________________

Phone # __________________________

**THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2015**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

---

**Period Ending** SEPTEMBER

TAX ID __________________________

---

**FORM W1 12**

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**Name**

And

**Address**

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**Tax Year 2015**

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed __________________________ Date __________

Title __________________________

Phone # __________________________

**THIS RETURN MUST BE FILED ON OR BEFORE NOVEMBER 15, 2015**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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.

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed ___________________________ Date ________________

Phone #

THIS RETURN MUST BE FILED ON OR BEFORE

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Name
And
Address

Tax Year 2015

VILLAGE OF EVENDEALE
10500 READING RD
EVENDEALE OH 45241-2574

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

TAX ID

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