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% per annum (.50% per month).	7		
8. Penalty. . . . . 50% (1 time charge).	8		
9. Total (Include Interest and Penalty if Due).	9		

Name

And

Address

Tax Year 2020

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, 2020

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 JAN-FEB-MAR

TAX ID

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

FORM W1 12 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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Name

And

Address

Tax Year 2020

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, 2020

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 APR-MAY-JUN

TAX ID

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

FORM W1 12 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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Name

And

Address

Tax Year 2020

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 31, 2020

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 JUL-AUG-SEP

TAX ID

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

FORM W1 12 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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9. Total (Include Interest and Penalty if Due).	9		

Name

And

Address

Tax Year 2020

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, 2021

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 OCT-NOV-DEC

TAX ID

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