

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. Interest7% per annum (.58% per month).	7	
8. Penalty. 50% (1 time charge).	8	
9. Total (Include Interest and Penalty if Due).	9	

Name

And

Address

Tax Year 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending JANUARY

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 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending FEBRUARY

TAX ID

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Tax Year 2024

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 15, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending MARCH

TAX ID

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Tax Year 2024

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 MAY 15, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending APRIL

TAX ID

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Tax Year 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending MAY

TAX ID

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JULY 15, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending JUNE

TAX ID

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Tax Year 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending JULY

TAX ID

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Address

Tax Year 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending AUGUST

TAX ID

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

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Tax Year 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending SEPTEMBER

TAX ID

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Tax Year 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending OCTOBER

TAX ID

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

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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 DECEMBER 15, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending NOVEMBER

TAX ID

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**THIS RETURN MUST BE FILED ON
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MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF EVENDALE
10500 READING RD
EVENDALE OH 45241-2574

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

Period Ending DECEMBER

TAX ID

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