

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

Under Ordinance No. 979 Passed December 7, 1970

Form W-1

- 1. Number of Taxable Employees..... _____
- 2. Total Salaries, Wages, Commissions and
other Compensation Paid all Employees..... \$ _____
- 3. Less: Non-Taxable Items (Compensation Paid
Non-Residents for Services outside and to
persons under age 18)..... _____
- 4. Taxable Earnings (Item 2 minus Item 3)..... _____
- 5. Actual Tax Withheld at one and one-half percent... \$ _____
- 6. Adjustment of Tax for Prior Quarter..... _____
- 7. Interest (.58% per month)..... _____
- 8. Penalty (50% of Unpaid Tax)..... _____
- 9. Total (Include Interest and Penalty due)..... \$ _____

MAKE CHECK, DRAFT OR MONEY ORDER
 PAYABLE TO: **CROOKSVILLE INCOME TAX**
 AND MAIL WITH COMPLETE RETURN. All
 information and correspondence regarding this re-
 turn should be addressed to
 Crooksville Income Tax
 98 South Buckeye Street
 Crooksville, OH 43731.

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| FOR QUARTER ENDING March 31, 2019 |
| DUE ON OR BEFORE April 30, 2019 |

Business Name: _____
FID: _____

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

 Signature Title Date

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 Crooksville Income Tax
 98 South Buckeye Street
 Crooksville, OH 43731.

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|---|
| FOR QUARTER ENDING June 30, 2019 |
| DUE ON OR BEFORE July 31, 2019 |

Business Name: _____
FID: _____

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

 Signature Title Date

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

Under Ordinance No. 979 Passed December 7, 1970

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 Crooksville Income Tax
 98 South Buckeye Street
 Crooksville, OH 43731.

**FOR QUARTER ENDING
 September 30, 2019**

**DUE ON OR BEFORE
 October 31, 2019**

Business Name: _____
FID: _____

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

 Signature Title Date

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

Under Ordinance No. 979 Passed December 7, 1970

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- 8. Penalty (50% of Unpaid Tax)..... _____
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MAKE CHECK, DRAFT OR MONEY ORDER PAYABLE TO: **CROOKSVILLE INCOME TAX** AND MAIL WITH COMPLETE RETURN. All information and correspondence regarding this return should be addressed to
 Crooksville Income Tax
 98 South Buckeye Street
 Crooksville, OH 43731.

**FOR QUARTER ENDING
 December 31, 2019**

**DUE ON OR BEFORE
 January 31, 2020**

Business Name: _____
FID: _____

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

 Signature Title Date