

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.750 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.583 per month/ INTEREST. . . . .	6	
7. 50% of amount due/ LATE PENALTY. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**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:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name

And

Address

Period Ending JANUARY

TAX ID

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

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.750 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.583 per month/ INTEREST. . . . .	6	
7. 50% of amount due/ LATE PENALTY. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**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:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending FEBRUARY

TAX ID \_\_\_\_\_

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

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.750 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.583 per month/ INTEREST. . . . .	6	
7. 50% of amount due/ LATE PENALTY. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**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:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name

And

Address

Period Ending MARCH

TAX ID

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

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.750 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.583 per month/ INTEREST. . . . .	6	
7. 50% of amount due/ LATE PENALTY. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**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:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending APRIL

TAX ID \_\_\_\_\_

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

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.750 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. 0.583 per month/ INTEREST. ....	6	
7. 50% of amount due/ LATE PENALTY. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

**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:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending MAY

TAX ID \_\_\_\_\_

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

1. Number of Taxable Employees. ....	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2		
3. Taxable Earnings (from line 2). ....	3		
4. Actual Tax Withheld at 1.750 % . . . . .	4		
5. Adjustments of Tax for Prior Period. . . . .	5		
6. 0.583 per month/ INTEREST. . . . .	6		
7. 50% of amount due/ LATE PENALTY. . . . .	7		
8. Total (Include Interest and Penalty if Due). . . . .	8		

**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 JULY 15, 2024**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending JUNE

TAX ID \_\_\_\_\_

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

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.750 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.583 per month/ INTEREST. . . . .	6	
7. 50% of amount due/ LATE PENALTY. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**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:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name \_\_\_\_\_  
And \_\_\_\_\_  
Address \_\_\_\_\_

Period Ending JULY

TAX ID \_\_\_\_\_

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

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.750 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.583 per month/ INTEREST. . . . .	6	
7. 50% of amount due/ LATE PENALTY. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**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:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending AUGUST

TAX ID \_\_\_\_\_

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

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.750 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.583 per month/ INTEREST. . . . .	6	
7. 50% of amount due/ LATE PENALTY. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**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:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending SEPTEMBER

TAX ID \_\_\_\_\_

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

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.750 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.583 per month/ INTEREST. . . . .	6	
7. 50% of amount due/ LATE PENALTY. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**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:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending **OCTOBER**

TAX ID \_\_\_\_\_

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

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.750 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. 0.583 per month/ INTEREST. . . . .	6	
7. 50% of amount due/ LATE PENALTY. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

**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 DECEMBER 15, 2024**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending **NOVEMBER**

TAX ID \_\_\_\_\_

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

1. Number of Taxable Employees. ....	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2		
3. Taxable Earnings (from line 2). ....	3		
4. Actual Tax Withheld at 1.750 % . . . . .	4		
5. Adjustments of Tax for Prior Period. . . . .	5		
6. 0.583 per month/ INTEREST. . . . .	6		
7. 50% of amount due/ LATE PENALTY. . . . .	7		
8. Total (Include Interest and Penalty if Due). . . . .	8		

**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 JANUARY 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF WILLARD INCOME TAX DEPT  
631 MYRTLE AVE  
P O BOX 367  
WILLARD OH 44890  
Voice 419-933-7808 Fax 419-933-4545

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending DECEMBER

TAX ID \_\_\_\_\_

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