

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 30, 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 JAN-FEB-MAR

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 31, 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 APR-MAY-JUN

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 31, 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 JUL-AUG-SEP

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 31, 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 OCT-NOV-DEC

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

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