

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. 0.750% per month/ INTEREST.....	6	
7. 50% of amount due/ LATE PENALTY.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

**Tax Year 2026**

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, 2026**

**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 Ext      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. 0.750% per month/ INTEREST.....	6		
7. 50% of amount due/ LATE PENALTY.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

**Tax Year 2026**

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, 2026**

**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 Ext

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. 0.750% per month/ INTEREST.....	6		
7. 50% of amount due/ LATE PENALTY.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

**Tax Year 2026**

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, 2026**

**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 Ext      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. 0.750% per month/ INTEREST.....	6		
7. 50% of amount due/ LATE PENALTY.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

**Tax Year 2026**

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, 2026**

**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 Ext

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. 0.750% per month/ INTEREST.....	6		
7. 50% of amount due/ LATE PENALTY.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

**Tax Year 2026**

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, 2026**

**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 Ext      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. 0.750% per month/ INTEREST.....	6	
7. 50% of amount due/ LATE PENALTY.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

**Tax Year 2026**

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, 2026**

**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 Ext      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. 0.750% per month/ INTEREST.....	6	
7. 50% of amount due/ LATE PENALTY.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

**Tax Year 2026**

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, 2026**

**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 Ext      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. 0.750% per month/ INTEREST.....	6		
7. 50% of amount due/ LATE PENALTY.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

**Tax Year 2026**

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, 2026**

**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 Ext

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. 0.750% per month/ INTEREST.....	6		
7. 50% of amount due/ LATE PENALTY.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

**Tax Year 2026**

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, 2026**

**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 Ext      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. 0.750% per month/ INTEREST.....	6	
7. 50% of amount due/ LATE PENALTY.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

**Tax Year 2026**

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, 2026**

**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 Ext      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. 0.750% per month/ INTEREST.....	6		
7. 50% of amount due/ LATE PENALTY.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

**Tax Year 2026**

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, 2026**

**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 Ext      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. 0.750% per month/ INTEREST.....	6	
7. 50% of amount due/ LATE PENALTY.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

**Tax Year 2026**

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, 2027**

**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 Ext

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.