

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 18, 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 JAN 15

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 FEBRUARY 3, 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 JAN 31

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

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE FEBRUARY 18, 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 FEB 15

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 3, 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 FEB 28

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 18, 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 MAR 15

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		
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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 3, 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 MAR 31

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		
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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

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 18, 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 APR 15

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		
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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 3, 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 APR 30

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		
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Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MAY 18, 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 15

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		
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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 3, 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 31

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		
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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 18, 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 JUN 15

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		
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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 3, 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 JUN 30

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		
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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 18, 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 JUL 15

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		
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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 3, 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 JUL 31

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		
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6. 0.750% per month/ INTEREST.....	6		
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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 18, 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 AUG 15

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		
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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 3, 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 AUG 31

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	
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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 18, 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 SEP 15

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		
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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 3, 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 SEP 30

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		
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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 18, 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 OCT 15

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 3, 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 OCT 31

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		
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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 18, 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 NOV 15

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		
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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 3, 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 NOV 30

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		
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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 18, 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 DEC 15

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		
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6. 0.750% per month/ INTEREST.....	6		
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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 3, 2027**

MAKE CHECK OR MONEY ORDER TO:

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631 MYRTLE AVE

P O BOX 367

WILLARD OH 44890

Voice 419-933-7808 Ext

Fax 419-933-4545

Name

And

Address

Period Ending DEC 31

TAX ID

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