

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

Tax Year 2025

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

Tax Year 2025

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

Tax Year 2025

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

Tax Year 2025

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

Tax Year 2025

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

Tax Year 2025

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

Tax Year 2025

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

Tax Year 2025

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, 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 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		
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5. Adjustments of Tax for Prior Period.....	5		
6. 0.833 per month/ INTEREST.....	6		
7. 50% of amount due/ LATE PENALTY.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

Tax Year 2025

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

Tax Year 2025

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, 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 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		
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6. 0.833 per month/ INTEREST.....	6		
7. 50% of amount due/ LATE PENALTY.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

Tax Year 2025

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, 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 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	
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6. 0.833 per month/ INTEREST.....	6	
7. 50% of amount due/ LATE PENALTY.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2025

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, 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 **DECEMBER**

TAX ID _____

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