

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 0.000 %	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 2023

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, 2023**

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 0.000 %	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 2023

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, 2023**

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 0.000 %	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 2023

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, 2023**

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 0.000 %	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 2023

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, 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 OCT-NOV-DEC

TAX ID

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