



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 1.450 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest - 1% per month.....	6	
7. Penalty - \$50.00.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2012

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, 2012

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name

And

Address

Period Ending JAN-FEB-MAR

TAX ID

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



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Tax Year 2012

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, 2012

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name

And

Address

Period Ending APR-MAY-JUN

TAX ID

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



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Tax Year 2012

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, 2012

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name

And

Address

Period Ending JUL-AUG-SEP

TAX ID

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



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Tax Year 2012

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, 2013

MAKE CHECK OR MONEY ORDER TO: CITY OF WASHINGTON COURT HOUSE, OHIO 117 N. MAIN STREET WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

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