

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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, 2016**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX
PO BOX 57
Spencerville OH 45887

Voice 419-647-4171 Fax 419-647-2024

Name

And

Address

Period Ending JANUARY

TAX ID

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

FORM W1 1224

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE MARCH 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF SPENCERVILLE INCOME TAX PO BOX 57 Spencerville OH 45887</p> <p>Voice 419-647-4171 Fax 419-647-2024</p>

Name _____

And _____

Address _____

Period Ending **FEBRUARY**

TAX ID

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

FORM W1 1224

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF SPENCERVILLE INCOME TAX PO BOX 57 Spencerville OH 45887</p> <p>Voice 419-647-4171 Fax 419-647-2024</p>

Name _____

And _____

Address _____

Period Ending **MARCH**

TAX ID

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

FORM W1 1224

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE MAY 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF SPENCERVILLE INCOME TAX PO BOX 57 Spencerville OH 45887</p> <p>Voice 419-647-4171 Fax 419-647-2024</p>

Name _____

And _____

Address _____

Period Ending **APRIL**

TAX ID

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

FORM W1 1224

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF SPENCERVILLE INCOME TAX PO BOX 57 Spencerville OH 45887</p> <p>Voice 419-647-4171 Fax 419-647-2024</p>
--

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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, 2016
MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX
PO BOX 57
Spencerville OH 45887
Voice 419-647-4171 Fax 419-647-2024

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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, 2016
MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX
PO BOX 57
Spencerville OH 45887
Voice 419-647-4171 Fax 419-647-2024

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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, 2016**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX
PO BOX 57
Spencerville OH 45887

Voice 419-647-4171 Fax 419-647-2024

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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, 2016**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX
PO BOX 57
Spencerville OH 45887

Voice 419-647-4171 Fax 419-647-2024

Name
And
Address

Period Ending SEPTEMBER

TAX ID

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

FORM W1 1224

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE NOVEMBER 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF SPENCERVILLE INCOME TAX PO BOX 57 Spencerville OH 45887</p> <p>Voice 419-647-4171 Fax 419-647-2024</p>
--

Name _____

And _____

Address _____

Period Ending **OCTOBER**

TAX ID

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

FORM W1 1224

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF SPENCERVILLE INCOME TAX PO BOX 57 Spencerville OH 45887</p> <p>Voice 419-647-4171 Fax 419-647-2024</p>
--

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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, 2017**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX
PO BOX 57
Spencerville OH 45887

Voice 419-647-4171 Fax 419-647-2024

Name

And

Address

Period Ending DECEMBER

TAX ID

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