

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 2020**

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, 2020**

**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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**  
 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, 2020**

**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

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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**  
 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, 2020**

**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

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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**  
 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, 2020**

**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

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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**  
 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, 2020**

**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

Period Ending **MAY**

**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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**  
 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, 2020**  
**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

Period Ending JUNE

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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**  
 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, 2020**  
**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

Period Ending JULY

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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**  
 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, 2020**

**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

Period Ending AUGUST

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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**  
 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, 2020**

**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

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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**  
 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, 2020**

**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

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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**  
 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, 2020**

**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

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 2020**

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, 2021**

**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.