

| | | | |
|--|---|--|--|
| 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 2022

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, 2022**

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 JAN-FEB-MAR

TAX ID

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

FORM W1 1224

EMPLOYER'S WITHHOLDING - QUARTERLY

| | | | |
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Name _____

And _____

Address _____

Tax Year 2022
 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, 2022

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 APR-MAY-JUN

TAX ID _____

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

FORM W1 1224

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Name _____

And _____

Address _____

Tax Year 2022
 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, 2022

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 JUL-AUG-SEP

TAX ID _____

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

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Name _____

And _____

Address _____

Tax Year 2022

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 JANUARY 15, 2023</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> |
|--|

Period Ending OCT-NOV-DEC

TAX ID _____

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