



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. 10% per annum.....	6		
7. 3% per month.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

**Tax Year**

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><b>THIS RETURN MUST BE FILED ON OR BEFORE</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b></p> <p>VILLAGE OF EDON P O Box 338 Edon OH 43518</p> <p>Voice 419-272-2152 Fax 419-272-2249</p>
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Name

And

Address

Period Ending

TAX ID

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