

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 1.000 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.58% per month or fraction of month.	6		
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2019

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, 2019**

MAKE CHECK OR MONEY ORDER TO:
WAVERLY INCOME TAX DEPARTMENT
P.O. BOX 48
WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

Name

And

Address

Period Ending JANUARY

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 1.000 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 0.58% per month or fraction of month.	6	
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2019

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, 2019
MAKE CHECK OR MONEY ORDER TO:
WAVERLY INCOME TAX DEPARTMENT
P.O. BOX 48
WAVERLY OH 45690
Voice 740-947-8177 Fax 740-947-1852

Name _____

And _____

Address _____

Period Ending FEBRUARY

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 1.000 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 0.58% per month or fraction of month.	6	
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2019

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, 2019
MAKE CHECK OR MONEY ORDER TO:
WAVERLY INCOME TAX DEPARTMENT
P.O. BOX 48
WAVERLY OH 45690
Voice 740-947-8177 Fax 740-947-1852

Name _____

And _____

Address _____

Period Ending MARCH

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 1.000 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 0.58% per month or fraction of month.	6	
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2019

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, 2019
MAKE CHECK OR MONEY ORDER TO: WAVERLY INCOME TAX DEPARTMENT P.O. BOX 48 WAVERLY OH 45690
Voice 740-947-8177 Fax 740-947-1852

Name _____

And _____

Address _____

Period Ending APRIL

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 1.000 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 0.58% per month or fraction of month.	6	
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2019

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, 2019
MAKE CHECK OR MONEY ORDER TO: WAVERLY INCOME TAX DEPARTMENT P.O. BOX 48 WAVERLY OH 45690
Voice 740-947-8177 Fax 740-947-1852

Name _____

And _____

Address _____

Period Ending MAY

TAX ID _____

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

FORM W1 1109

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 1.000 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.58% per month or fraction of month.	6		
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2019
 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, 2019**

MAKE CHECK OR MONEY ORDER TO:
 WAVERLY INCOME TAX DEPARTMENT
 P.O. BOX 48
 WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

Period Ending JUNE

TAX ID _____

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

FORM W1 1109

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 1.000 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.58% per month or fraction of month.	6		
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2019
 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, 2019**

MAKE CHECK OR MONEY ORDER TO:
 WAVERLY INCOME TAX DEPARTMENT
 P.O. BOX 48
 WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

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 1.000 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 0.58% per month or fraction of month.	6	
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7	
8. Total (Include Interest and Penalty if Due).	8	

Name _____

And _____

Address _____

Tax Year 2019
 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, 2019**

MAKE CHECK OR MONEY ORDER TO:
 WAVERLY INCOME TAX DEPARTMENT
 P.O. BOX 48
 WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

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 1.000 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 0.58% per month or fraction of month.	6	
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7	
8. Total (Include Interest and Penalty if Due).	8	

Name _____

And _____

Address _____

Tax Year 2019
 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, 2019**

MAKE CHECK OR MONEY ORDER TO:
 WAVERLY INCOME TAX DEPARTMENT
 P.O. BOX 48
 WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

Period Ending SEPTEMBER

TAX ID _____

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

FORM W1 1109

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 1.000 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.58% per month or fraction of month.	6		
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name
 And
 Address

Tax Year 2019

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, 2019**

MAKE CHECK OR MONEY ORDER TO:
 WAVERLY INCOME TAX DEPARTMENT
 P.O. BOX 48
 WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

Period Ending **OCTOBER**

TAX ID

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

FORM W1 1109

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 1.000 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.58% per month or fraction of month.	6		
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name
 And
 Address

Tax Year 2019

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, 2019**

MAKE CHECK OR MONEY ORDER TO:
 WAVERLY INCOME TAX DEPARTMENT
 P.O. BOX 48
 WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

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 1.000 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.58% per month or fraction of month.	6		
7. Late Payment Pen-50% of unpaid tax due Plus \$25.00 month.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2019

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, 2020**

MAKE CHECK OR MONEY ORDER TO:
WAVERLY INCOME TAX DEPARTMENT
P.O. BOX 48
WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

Name

And

Address

Period Ending **DECEMBER**

TAX ID

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