

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 1.00 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Late Payment 50% of unpaid tax due . . . . .	6	
7. Interest 0.58% per month . . . . .	7	
8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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 FEBRUARY 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

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 1.00 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
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7. Interest 0.58% per month . . . . .	7	
8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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:**  
 WAVERLY INCOME TAX DEPARTMENT  
 P.O. BOX 48  
 WAVERLY OH 45690

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

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 1.00 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Late Payment 50% of unpaid tax due . . . . .	6	
7. Interest 0.58% per month . . . . .	7	
8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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:**  
 WAVERLY INCOME TAX DEPARTMENT  
 P.O. BOX 48  
 WAVERLY OH 45690

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

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 1.00 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Late Payment 50% of unpaid tax due . . . . .	6	
7. Interest 0.58% per month . . . . .	7	
8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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:**  
 WAVERLY INCOME TAX DEPARTMENT  
 P.O. BOX 48  
 WAVERLY OH 45690

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

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 1.00 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Late Payment 50% of unpaid tax due . . . . .	6	
7. Interest 0.58% per month . . . . .	7	
8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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:**  
 WAVERLY INCOME TAX DEPARTMENT  
 P.O. BOX 48  
 WAVERLY OH 45690

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

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 1.00 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
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7. Interest 0.58% per month . . . . .	7	
8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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:**  
 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.

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 1.00 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Late Payment 50% of unpaid tax due . . . . .	6	
7. Interest 0.58% per month . . . . .	7	
8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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:**  
 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 1.00 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
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7. Interest 0.58% per month . . . . .	7	
8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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:**  
 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 1.00 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Late Payment 50% of unpaid tax due . . . . .	6	
7. Interest 0.58% per month . . . . .	7	
8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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:**  
 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.

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 1.00 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Late Payment 50% of unpaid tax due . . . . .	6	
7. Interest 0.58% per month . . . . .	7	
8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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:**  
 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.

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	
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5. Adjustments of Tax for Prior Period. . . . .	5	
6. Late Payment 50% of unpaid tax due . . . . .	6	
7. Interest 0.58% per month . . . . .	7	
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9. Total (include Interest and Penalty if Due) . . . . .	9	

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:**  
 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 1.00 % . . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
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8. Late Charge \$25.00 per month up to a maximum of \$150.00 . . . . .	8	
9. Total (include Interest and Penalty if Due) . . . . .	9	

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 JANUARY 15, 2021**

**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 DECEMBER

TAX ID

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