

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	

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 30, 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 JAN-FEB-MAR

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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9. Total (include Interest and Penalty if Due).....	9	

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 31, 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 APR-MAY-JUN

TAX ID

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

1. Number of Taxable Employees.....	1	
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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	

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 31, 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 JUL-AUG-SEP

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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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		

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 31, 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 OCT-NOV-DEC

TAX ID _____

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