

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 0.42% 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 2021**

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 # \_\_\_\_\_

E-mail \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE APRIL 30, 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 JAN-FEB-MAR

TAX ID

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

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

1. Number of Taxable Employees. . . . .	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. . . . .	2	
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**Tax Year 2021**

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 # \_\_\_\_\_

E-mail \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE JULY 31, 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 APR-MAY-JUN

TAX ID

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

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

1. Number of Taxable Employees. . . . .	1	
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9. Total (include Interest and Penalty if Due) . . . . .	9	

**Tax Year 2021**

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 # \_\_\_\_\_

E-mail \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 31, 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 JUL-AUG-SEP

TAX ID

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

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

1. Number of Taxable Employees . . . . .	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. . . . .	2	
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9. Total (include Interest and Penalty if Due) . . . . .	9	

**Tax Year 2021**

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 # \_\_\_\_\_

E-mail \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 31, 2022**

**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 OCT-NOV-DEC

TAX ID

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

Name

And

Address