



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 1.950 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Interest - 0.42 per month.....	6		
7. Penalty - 50%.....	7		
8. Total (Include Interest and Penalty If Due).....	8		

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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 18, 2021

MAKE CHECK OR MONEY ORDER TO: CITY OF WASHINGTON COURT HOUSE, OHIO 117 N. MAIN STREET WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name

And

Address

Period Ending JAN 15

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		
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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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 3, 2021

MAKE CHECK OR MONEY ORDER TO: CITY OF WASHINGTON COURT HOUSE, OHIO 117 N. MAIN STREET WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name

And

Address

Period Ending JAN 31

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		
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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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 18, 2021

MAKE CHECK OR MONEY ORDER TO: CITY OF WASHINGTON COURT HOUSE, OHIO 117 N. MAIN STREET WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name

And

Address

Period Ending FEB 15

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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6. Interest - 0.42 per month.....	6	
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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 3, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending FEB 28

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	
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7. Penalty - 50%.....	7	
8. Total (Include Interest and Penalty If Due).....	8	

Tax Year 2021

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 18, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending MAR 15

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 1.950 %.....	4	
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6. Interest - 0.42 per month.....	6	
7. Penalty - 50%.....	7	
8. Total (Include Interest and Penalty If Due).....	8	

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 3, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending MAR 31

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 1.950 %	4	
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6. Interest - 0.42 per month	6	
7. Penalty - 50%	7	
8. Total (Include Interest and Penalty if Due)	8	

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 18, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____
And _____
Address _____

Period Ending APR 15

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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6. Interest - 0.42 per month	6	
7. Penalty - 50%	7	
8. Total (Include Interest and Penalty if Due)	8	

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MAY 3, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____
And ADENA HEALTH SYSTEM
ATTN: ACCOUNTING-TINA HELLYER
272 HOSPITAL RD
Address CHILLICOTHE OH 45601

Period Ending APR 30

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. Penalty - 50%	7	
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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MAY 18, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____
And _____
Address _____

Period Ending MAY 15

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	
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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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE JUNE 3, 2021

MAKE CHECK OR MONEY ORDER TO: CITY OF WASHINGTON COURT HOUSE, OHIO 117 N. MAIN STREET WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending MAY 31

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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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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE JUNE 18, 2021

MAKE CHECK OR MONEY ORDER TO: CITY OF WASHINGTON COURT HOUSE, OHIO 117 N. MAIN STREET WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending JUN 15

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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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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE JULY 3, 2021

MAKE CHECK OR MONEY ORDER TO: CITY OF WASHINGTON COURT HOUSE, OHIO 117 N. MAIN STREET WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending JUN 30

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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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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE JULY 18, 2021

MAKE CHECK OR MONEY ORDER TO: CITY OF WASHINGTON COURT HOUSE, OHIO 117 N. MAIN STREET WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending JUL 15

TAX ID _____

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1. Number of Taxable Employees.....	1	
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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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 3, 2021

MAKE CHECK OR MONEY ORDER TO: CITY OF WASHINGTON COURT HOUSE, OHIO 117 N. MAIN STREET WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending JUL 31

TAX ID _____

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



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Tax Year 2021

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 18, 2021

MAKE CHECK OR MONEY ORDER TO: CITY OF WASHINGTON COURT HOUSE, OHIO 117 N. MAIN STREET WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending AUG 15

TAX ID _____

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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE SEPTEMBER 3, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending AUG 31

TAX ID _____

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



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Tax Year 2021

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Signed _____
Title _____ Date _____
Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE SEPTEMBER 18, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending SEP 15

TAX ID _____

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



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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE OCTOBER 3, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____

And _____

Address _____

Period Ending SEP 30

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	
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7. Penalty - 50%.....	7	
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Tax Year 2021

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Signed _____
Title _____ Date _____
Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE OCTOBER 18, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____
And _____
Address _____

Period Ending OCT 15

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. Penalty - 50%.....	7	
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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 3, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____
And _____
Address _____

Period Ending OCT 31

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	
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7. Penalty - 50%.....	7	
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Tax Year 2021

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Signed _____
Title _____ Date _____
Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 18, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____
And _____
Address _____

Period Ending NOV 15

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 1.950 %	4	
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6. Interest - 0.42 per month	6	
7. Penalty - 50%	7	
8. Total (Include Interest and Penalty if Due)	8	

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE DECEMBER 3, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____
And _____
Address _____

Period Ending NOV 30

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 1.950 %	4	
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6. Interest - 0.42 per month	6	
7. Penalty - 50%	7	
8. Total (Include Interest and Penalty if Due)	8	

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE DECEMBER 18, 2021**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____
And _____
Address _____

Period Ending DEC 15

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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6. Interest - 0.42 per month	6	
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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JANUARY 3, 2022**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE, OHIO
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342 Fax 740-636-2348

Name _____
And _____
Address _____

Period Ending DEC 31

TAX ID _____

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