

1 Number of Taxable Employees
2 Total Salaries, Wages, Commissions and other Compensation paid all employees

3 Taxable Earnings (from line 2)
4 Actual Tax Withheld at 1 950 %
5 Adjustments of Tax for Prior Period
6 Interest - 0 833 per month
7 Penalty - 50%
8 Total (Include Interest and Penalty if Due)

1		
2		
3		
4		
5		
6		
7		
8		

Tax Year 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:

CITY OF WASHINGTON COURT HOUSE
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342

Fax 740-636-2348

Name

And

Address

Period Ending JANUARY

TAX ID

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

FORM W1 1108

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 1 950 %	4	
5 Adjustments of Tax for Prior Period	5	
6 Interest - 0 833 per month	6	
7 Penalty - 50%	7	
8 Total (Include Interest and Penalty if Due)	8	

Name

And

Address

Tax Year 2024

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, 2024

MAKE CHECK OR MONEY ORDER TO:

CITY OF WASHINGTON COURT HOUSE
117 N MAIN STREET
WASHINGTON C H OH 43160

Voice 740-636-2342

Fax 740-636-2348

Period Ending FEBRUARY

TAX ID

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

FORM W1 1108

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 1 950 %	4	
5 Adjustments of Tax for Prior Period	5	
6 Interest - 0 833 per month	6	
7 Penalty - 50%	7	
8 Total (Include Interest and Penalty if Due)	8	

Name

And

Address

Tax Year 2024

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, 2024

MAKE CHECK OR MONEY ORDER TO:

CITY OF WASHINGTON COURT HOUSE
117 N MAIN STREET
WASHINGTON C H OH 43160

Voice 740-636-2342

Fax 740-636-2348

Period Ending MARCH

TAX ID

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

FORM W1 1108

EMPLOYER'S WITHHOLDING - MONTHLY

1 Number of Taxable Employees	1	
2 Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
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5 Adjustments of Tax for Prior Period	5	
6 Interest - 0 833 per month	6	
7 Penalty - 50%	7	
8 Total (Include Interest and Penalty if Due)	8	

Name

And

Address

Tax Year 2024

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, 2024

MAKE CHECK OR MONEY ORDER TO:

CITY OF WASHINGTON COURT HOUSE
117 N MAIN STREET
WASHINGTON C H OH 43160

Voice 740-636-2342

Fax 740-636-2348

Period Ending APRIL

TAX ID

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

FORM W1 1108

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	
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6 Interest - 0 833 per month	6	
7 Penalty - 50%	7	
8 Total (Include Interest and Penalty if Due)	8	

Name

And

Address

Tax Year 2024

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, 2024****MAKE CHECK OR MONEY ORDER TO:**

CITY OF WASHINGTON COURT HOUSE

117 N. MAIN STREET

WASHINGTON C. H. OH 43160

Voice 740-636-2342

Fax 740-636-2348

Period Ending MAY

TAX ID

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

FORM W1 1108

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	
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6 Interest - 0 833 per month	6	
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8 Total (Include Interest and Penalty if Due)	8	

Name

And

Address

Tax Year 2024

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, 2024****MAKE CHECK OR MONEY ORDER TO:**

CITY OF WASHINGTON COURT HOUSE

117 N. MAIN STREET

WASHINGTON C. H. OH 43160

Voice 740-636-2342

Fax 740-636-2348

Period Ending JUNE

TAX ID

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

FORM W1 1108

EMPLOYER'S WITHHOLDING - MONTHLY

1 Number of Taxable Employees	1	
2 Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
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8 Total (Include Interest and Penalty if Due)	8	

Name

And

Address

Tax Year 2024

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, 2024****MAKE CHECK OR MONEY ORDER TO:**

CITY OF WASHINGTON COURT HOUSE

117 N. MAIN STREET

WASHINGTON C. H. OH 43160

Voice 740-636-2342

Fax 740-636-2348

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	
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6 Interest - 0 833 per month	6	
7 Penalty - 50%	7	
8 Total (Include Interest and Penalty if Due)	8	

Name

And

Address

Tax Year 2024
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, 2024**
MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE
117 N. MAIN STREET
WASHINGTON C H OH 43160
Voice 740-636-2342 Fax 740-636-2348

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	
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6 Interest - 0 833 per month	6	
7 Penalty - 50%	7	
8 Total (Include Interest and Penalty if Due)	8	

Name

And

Address

Tax Year 2024
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, 2024**
MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE
117 N. MAIN STREET
WASHINGTON C H OH 43160
Voice 740-636-2342 Fax 740-636-2348

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	
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Name

And

Address

Tax Year 2024
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, 2024**
MAKE CHECK OR MONEY ORDER TO:
CITY OF WASHINGTON COURT HOUSE
117 N MAIN STREET
WASHINGTON C H OH 43160
Voice 740-636-2342 Fax 740-636-2348

Period Ending OCTOBER
TAX ID

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

FORM W1 1108

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 1 950 %	4	
5	Adjustments of Tax for Prior Period	5	
6	Interest - 0 833 per month	6	
7	Penalty - 50%	7	
8	Total (Include Interest and Penalty if Due)	8	

Name

And

Address

Tax Year 2024

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, 2024****MAKE CHECK OR MONEY ORDER TO:**CITY OF WASHINGTON COURT HOUSE
117 N. MAIN STREET
WASHINGTON C. H OH 43160

Voice 740-636-2342

Fax 740-636-2348

Period Ending NOVEMBER

TAX ID

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

FORM W1 1108

EMPLOYER'S WITHHOLDING - MONTHLY

1	Number of Taxable Employees	1	
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Name

And

Address

Tax Year 2024

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, 2025****MAKE CHECK OR MONEY ORDER TO:**CITY OF WASHINGTON COURT HOUSE
117 N. MAIN STREET
WASHINGTON C. H. OH 43160

Voice 740-636-2342

Fax 740-636-2348

Period Ending DECEMBER

TAX ID

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