

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

1		
2		
3		
4		
5		
6		
7		
8		

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)

Name

And

Address

Tax Year 2025

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, 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 Ext

Fax 740-636-2348

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	
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 2025

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, 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 Ext Fax 740-636-2348

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	
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	

Name

And

Address

Tax Year 2025

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, 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 Ext Fax 740-636-2348

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	
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 2025

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, 2026

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

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

Period Ending OCT-NOV-DEC

TAX ID

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