

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)

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Name

And

Address

Tax Year 2025I 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

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Tax Year 2025

I hereby certify that the information and statements contained herein 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

Name

And

Address

Period Ending APR-MAY-JUN

TAX ID

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

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Tax Year 2025

I hereby certify that the information and statements contained herein 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

Name

And

Address

Period Ending JUL-AUG-SEP

TAX ID

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

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Tax Year 2025

I hereby certify that the information and statements contained herein 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

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

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