

1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
3. This is the instruction area	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 1.500 %	5	
6. Adjustments of Tax for Prior Period	6	
7. This is interest	7	
8. This is penalty	8	
9. Total (Include Interest and Penalty if Due)	9	



Tax Year 2010

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, 2010**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST UNITY
 PO Box 207
 West Unity OH 43570

Voice 419-924-2215 Fax 419-924-2894

Name

And

Address

Period Ending JAN-FEB-MAR

TAX ID 3 2217

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

FORM W1 1221 13366

EMPLOYER'S WITHHOLDING - QUARTERLY

00566



1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
3. This is the instruction area	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 1.500 %	5	
6. Adjustments of Tax for Prior Period	6	
7. This is interest	7	
8. This is penalty	8	
9. Total (Include Interest and Penalty if Due)	9	

Tax Year 2010

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, 2010**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF WEST UNITY
 PO Box 207
 West Unity OH 43570

Voice 419-924-2215 Fax 419-924-2894

Name

And

Address

Period Ending APR-MAY-JUN

TAX ID 3 2217

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