



| | | |
|--|---|--|
| 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 pena;ty..... | 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 OCTOBER 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 JUL-AUG-SEP

TAX ID 3 2217

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

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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 JANUARY 31, 2011**

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VILLAGE OF WEST UNITY
PO Box 207
West Unity OH 43570

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

Name

And

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Period Ending OCT-NOV-DEC

TAX ID 3 2217

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