

1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
3. User instructions	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 1.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. 1.5% Interest	7	
8. 1.5% Penalty	8	
9. Total (Include Interest and Penalty if Due)	9	

Tax Year 2013

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, 2013

MAKE CHECK OR MONEY ORDER TO:

SYCAMORE VILLAGE INCOME TAX
P O BOX 69
SYCAMORE OH 44882-0069

Voice 419-927-6482 Fax 419-927-2272

Name

And

Address

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. User instructions	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 1.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. 1.5% Interest	7	
8. 1.5% Penalty	8	
9. Total (Include Interest and Penalty if Due)	9	

Tax Year 2013

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, 2013

MAKE CHECK OR MONEY ORDER TO:

SYCAMORE VILLAGE INCOME TAX
P O BOX 69
SYCAMORE OH 44882-0069

Voice 419-927-6482 Fax 419-927-2272

Name

And

Address

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	
3. User instructions	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 1.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. 1.5% Interest	7	
8. 1.5% Penalty	8	
9. Total (Include Interest and Penalty if Due)	9	

Tax Year 2013

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, 2013

MAKE CHECK OR MONEY ORDER TO:

SYCAMORE VILLAGE INCOME TAX
P O BOX 69
SYCAMORE OH 44882-0069

Voice 419-927-6482 Fax 419-927-2272

Name

And

Address

Period Ending JUL-AUG-SEP

TAX ID

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