

FORM W1 1168

EMPLOYER'S WITHHOLDING - QUARTERLY

| | | | |
|--|---|--|--|
| 1. Number of Taxable Employees..... | 1 | | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | | |
| 3. Less wages of employees under 18 (exempt from city tax)..... | 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. 0.42 per month..... | 7 | | |
| 8. 50%..... | 8 | | |
| 9. Total (Include Interest and Penalty if Due)..... | 9 | | |

Name

And

Address

Tax Year

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 # _____

| |
|---|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>NEWTON FALLS INCOME TAX 419 N CENTER ST NEWTON FALLS OH 44444</p> <p>Voice 330-872-0080 Fax 330-872-1065</p> |
|---|

Period Ending JAN-FEB-MAR

TAX ID

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

FORM W1 1168

EMPLOYER'S WITHHOLDING - QUARTERLY

| | | | |
|--|---|--|--|
| 1. Number of Taxable Employees..... | 1 | | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | | |
| 3. Less wages of employees under 18 (exempt from city tax)..... | 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. 0.42 per month..... | 7 | | |
| 8. 50%..... | 8 | | |
| 9. Total (Include Interest and Penalty if Due)..... | 9 | | |

Name

And

Address

Tax Year

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 # _____

| |
|--|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE JULY 15</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>NEWTON FALLS INCOME TAX 419 N CENTER ST NEWTON FALLS OH 44444</p> <p>Voice 330-872-0080 Fax 330-872-1065</p> |
|--|

Period Ending APR-MAY-JUN

TAX ID

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

FORM W1 1168

EMPLOYER'S WITHHOLDING - QUARTERLY

| | | | |
|--|---|--|--|
| 1. Number of Taxable Employees..... | 1 | | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | | |
| 3. Less wages of employees under 18 (exempt from city tax)..... | 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. 0.42 per month..... | 7 | | |
| 8. 50%..... | 8 | | |
| 9. Total (Include Interest and Penalty if Due)..... | 9 | | |

Name _____

And _____

Address _____

Tax Year

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 # _____

| |
|---|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>NEWTON FALLS INCOME TAX 419 N CENTER ST NEWTON FALLS OH 44444</p> <p>Voice 330-872-0080 Fax 330-872-1065</p> |
|---|

Period Ending JUL-AUG-SEP

TAX ID _____

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

FORM W1 1168

EMPLOYER'S WITHHOLDING - QUARTERLY

| | | | |
|--|---|--|--|
| 1. Number of Taxable Employees..... | 1 | | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | | |
| 3. Less wages of employees under 18 (exempt from city tax)..... | 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. 0.42 per month..... | 7 | | |
| 8. 50%..... | 8 | | |
| 9. Total (Include Interest and Penalty if Due)..... | 9 | | |

Name _____

And _____

Address _____

Tax Year

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 # _____

| |
|---|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>NEWTON FALLS INCOME TAX 419 N CENTER ST NEWTON FALLS OH 44444</p> <p>Voice 330-872-0080 Fax 330-872-1065</p> |
|---|

Period Ending OCT-NOV-DEC

TAX ID _____

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