

FORM W1 1168

EMPLOYER'S WITHHOLDING - MONTHLY

| | | | |
|---|---|--|--|
| 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 FEBRUARY 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 **JANUARY**

TAX ID

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

FORM W1 1168

EMPLOYER'S WITHHOLDING - MONTHLY

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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 MARCH 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 **FEBRUARY**

TAX ID

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

| | | | |
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| 1. Number of Taxable Employees..... | 1 | | |
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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 15**

MAKE CHECK OR MONEY ORDER TO:
 NEWTON FALLS INCOME TAX
 419 N CENTER ST
 NEWTON FALLS OH 44444

Voice 330-872-0080 Fax 330-872-1065

Period Ending MARCH

TAX ID

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

| | | | |
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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MAY 15**

MAKE CHECK OR MONEY ORDER TO:
 NEWTON FALLS INCOME TAX
 419 N CENTER ST
 NEWTON FALLS OH 44444

Voice 330-872-0080 Fax 330-872-1065

Period Ending APRIL

TAX ID

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

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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JUNE 15**

MAKE CHECK OR MONEY ORDER TO:

NEWTON FALLS INCOME TAX
419 N CENTER ST
NEWTON FALLS OH 44444

Voice 330-872-0080

Fax 330-872-1065

Period Ending MAY

TAX ID

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

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Name

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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JULY 15**

MAKE CHECK OR MONEY ORDER TO:

NEWTON FALLS INCOME TAX
419 N CENTER ST
NEWTON FALLS OH 44444

Voice 330-872-0080

Fax 330-872-1065

Period Ending JUNE

TAX ID

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

FORM W1 1168

EMPLOYER'S WITHHOLDING - MONTHLY

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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE AUGUST 15**

MAKE CHECK OR MONEY ORDER TO:

NEWTON FALLS INCOME TAX
419 N CENTER ST
NEWTON FALLS OH 44444

Voice 330-872-0080 Fax 330-872-1065

Period Ending **JULY**

TAX ID

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

FORM W1 1168

EMPLOYER'S WITHHOLDING - MONTHLY

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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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE SEPTEMBER 15**

MAKE CHECK OR MONEY ORDER TO:

NEWTON FALLS INCOME TAX
419 N CENTER ST
NEWTON FALLS OH 44444

Voice 330-872-0080 Fax 330-872-1065

Period Ending **AUGUST**

TAX ID

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

FORM W1 1168

EMPLOYER'S WITHHOLDING - MONTHLY

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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 SEPTEMBER

TAX ID

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

FORM W1 1168

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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 NOVEMBER 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 OCTOBER

TAX ID

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

FORM W1 1168

EMPLOYER'S WITHHOLDING - MONTHLY

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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 DECEMBER 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 **NOVEMBER**

TAX ID

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

FORM W1 1168

EMPLOYER'S WITHHOLDING - MONTHLY

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Address

Tax Year

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Title _____ Date _____

Phone # _____

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| <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 **DECEMBER**

TAX ID

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