

EMPLOYER'S RETURN OF TAX WITHHELD
WICKLIFFE, OHIO - INCOME TAX DEPARTMENT
TEL (440) 943-7180 FAX (440) 943-7119

RETURN WHITE COPY
FORM W-1
INSTRUCTIONS ON REVERSE SIDE

1. TOTAL WAGES SUBJECT TO WITHHOLDING \$ _____
2. ACTUAL TAX WITHHELD _____
If payment is partial, complete below (See instructions)
3. INTEREST (1.5% per month) _____
4. PENALTY (10.0% per month) _____
5. TOTAL _____

If no wages paid this period mark "None" and return form with explanation.

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) _____

(Official Title) _____

Date _____

CAROL A. WATKINS, PRESIDENT, TREASURER, WICKLIFFE

MAILING ADDRESS ONLY (DO NOT PRINT):

WICKLIFFE INCOME TAX DEPT.
MAIL TO: P.O. BOX 125
WICKLIFFE, OHIO 44092-0125

FOR PERIOD ENDING _____ DUE ON OR BEFORE

PLEASE MAKE NECESSARY CORRECTIONS

THIS RETURN MUST BE FILED ON OR BEFORE
DUE DATE AS SHOWN ABOVE

