

Village of St. Henry

Department of Taxation
P.O. Box 410
St. Henry, Ohio 45883

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

**Due on or Before
For Period
Tax Year**

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number
Fed. ID #

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments to prior returns \$ _____
- 4. Penalty and/or Interest \$ _____
- 5. Total \$ _____

Make check or money order payable to:
Village of St. Henry Tax Dept.

I hereby certify that the information and statements contained herein are true and correct.

(signed) _____

(Official Title) _____

Date

REMIT ONE COPY WITH PAYMENT – KEEP ONE FOR YOUR RECORDS