

W-1 Employer's Return of Tax Withheld

Please file this return by the due date – even if no tax is due for the period.

ACCOUNT # _____-_____
FEDERAL ID # _____-_____

NAME _____
ADDRESS _____

Notify Income Tax Bureau promptly of any change in ownership, name, address, Federal ID Number, etc.

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

SIGNATURE (_____)_____
PHONE NUMBER

Make check payable & return to:

NEW LEXINGTON INCOME TAX BUREAU
215 SOUTH MAIN STREET
NEW LEXINGTON, OH 43764

Taxes withheld for the period checked:

- 1st quarter – Jan 1 to Mar 31 – Due April 30
- 2nd quarter – Apr 1 to Jun 30 – Due Jul 31
- 3rd quarter – Jul 1 to Sep 30 – Due Oct 31
- 4th quarter – Oct 1 to Dec 31 – Due Jan 31
- Month of _____

1. Number of taxable employees....._____
2. Earnings subject to New Lexington tax..... \$ _____
3. Actual tax withheld..... \$ _____
4. Adjustments for prior period..... \$ _____
5. Interest (0.5% per month) \$ _____
6. Penalty (5% per month) \$ _____
7. **Total amount due** \$ _____