

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 to the best of my knowledge.

SIGNATURE (_____)_____
PHONE NUMBER

Make check payable & return to:
NEW LEXINGTON INCOME TAX BUREAU
215 SOUTH MAIN STREET
NEW LEXINGTON, OH 43764
www.newlexington.org

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: refer to website for federal rates..... \$ _____
- 6. Penalty: 50% of line 5 not to exceed 50%..... \$ _____
- 7. Late fee: \$25 per month maximum \$150..... \$ _____
- 8. **Total amount due** \$ _____