

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

If receipt is desired, return Taxpayer's Copy of this form and enclose self-addressed, stamped envelope.

**RETURN PART 1 - KEEP PART 2 FOR YOUR RECORDS
EMPLOYER'S RETURN OF TAX WITHHELD**

VILLAGE OF VERSAILLES INCOME TAX VW-1

		Dollars	Cents
1. Taxable Earnings paid all Employees Subject to Versailles Income Tax 1 1/2 %			
2. Actual Tax Withheld in period for Village Income Tax	\$		
3. Adjustment of tax for prior period	\$		
4. Interest: _____			
5. Penalty: _____			
6. Total	\$		

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

(Signed) _____

(Official Title) _____ Date _____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
VILLAGE OF VERSAILLES

MAIL TO:
DEPARTMENT OF TAXATION, VERSAILLES
PO BOX 288
VERSAILLES, OHIO 45380

Name: _____

For Month of _____

Address: _____

Due On or Before _____

Tax ID or SS#: _____

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