

1. Number of Taxable Employees.	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Taxable Earnings (from line 2).	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.000 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. Interest: 0.50% per month.	7		
8. Penalty: 50%.	8		
9. Total (Include Interest and Penalty if Due).	9		

Tax Year 2017

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE APRIL 30, 2017
MAKE CHECK OR MONEY ORDER TO: GEORGETOWN INCOME TAX BUREAU PO BOX 116 GEORGETOWN OH 45121
Voice 937-378-6395 Ext Fax 937-378-4505

Name _____

And _____

Address _____

Period Ending JAN-FEB-MAR

TAX ID _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Taxable Earnings (from line 2).	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.000 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. Interest: 0.50% per month.	7		
8. Penalty: 50%.	8		
9. Total (Include Interest and Penalty if Due).	9		

Tax Year 2017

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JULY 31, 2017
MAKE CHECK OR MONEY ORDER TO: GEORGETOWN INCOME TAX BUREAU PO BOX 116 GEORGETOWN OH 45121
Voice 937-378-6395 Ext Fax 937-378-4505

Name _____

And _____

Address _____

Period Ending APR-MAY-JUN

TAX ID _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Taxable Earnings (from line 2).	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.000 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. Interest: 0.50% per month.	7		
8. Penalty: 50%.	8		
9. Total (Include Interest and Penalty if Due).	9		

Name _____

And _____

Address _____

Tax Year 2017
 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
 Title _____ Date _____
 Phone # _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE OCTOBER 31, 2017**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext _____ Fax 937-378-4505

Period Ending JUL-AUG-SEP

TAX ID _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

1. Number of Taxable Employees.	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Taxable Earnings (from line 2).	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.000 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. Interest: 0.50% per month.	7		
8. Penalty: 50%.	8		
9. Total (Include Interest and Penalty if Due).	9		

Name _____

And _____

Address _____

Tax Year 2017
 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____
 Title _____ Date _____
 Phone # _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE JANUARY 31, 2018**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext _____ Fax 937-378-4505

Period Ending OCT-NOV-DEC

TAX ID _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.