

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. Actual Tax Withheld at 1.250 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 1/2 % (of line 4) per month past due.	6		
7. Penalty 5 % (of line 4) per month past due.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2009

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, 2009**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX
PO BOX 57
Spencerville OH 45887

Voice 419-647-4171 Fax 419-647-2024

Name

And

Address

Period Ending JAN-FEB-MAR

TAX ID

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

FORM W1 1224

EMPLOYER'S WITHHOLDING - QUARTERLY

1. Number of Taxable Employees.	1		
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3. Taxable Earnings (from line 2).	3		
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Tax Year 2009

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE JULY 31, 2009</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF SPENCERVILLE INCOME TAX PO BOX 57 Spencerville OH 45887</p> <p>Voice 419-647-4171 Fax 419-647-2024</p>

Name _____

And _____

Address _____

Period Ending APR-MAY-JUN

TAX ID _____

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

FORM W1 1224

EMPLOYER'S WITHHOLDING - QUARTERLY

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Tax Year 2009

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 31, 2009</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF SPENCERVILLE INCOME TAX PO BOX 57 Spencerville OH 45887</p> <p>Voice 419-647-4171 Fax 419-647-2024</p>

Name _____

And _____

Address _____

Period Ending JUL-AUG-SEP

TAX ID _____

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

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Tax Year 2009

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, 2010**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF SPENCERVILLE INCOME TAX
PO BOX 57
Spencerville OH 45887

Voice 419-647-4171 Fax 419-647-2024

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

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