

| | | | |
|---|---|--|--|
| 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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 FEBRUARY 15, 2017**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
389 E Main St
Batavia OH 45103

Voice 513-732-2740 Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending JANUARY

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. Actual Tax Withheld at 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 # _____

| |
|---|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE MARCH 15, 2017</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF BATAVIA 389 E Main St Batavia OH 45103</p> <p>Voice 513-732-2740 Fax 513-732-5696</p> |
|---|

Name _____

And _____

Address _____

Period Ending FEBRUARY

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. Actual Tax Withheld at 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 # _____

| |
|---|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2017</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF BATAVIA 389 E Main St Batavia OH 45103</p> <p>Voice 513-732-2740 Fax 513-732-5696</p> |
|---|

Name _____

And _____

Address _____

Period Ending MARCH

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. Actual Tax Withheld at 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 # _____

| |
|---|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE MAY 15, 2017</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>VILLAGE OF BATAVIA 389 E Main St Batavia OH 45103</p> <p>Voice 513-732-2740 Fax 513-732-5696</p> |
|---|

Name _____

And _____

Address _____

Period Ending APRIL

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. Actual Tax Withheld at 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 # _____

| |
|--|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2017</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>VILLAGE OF BATAVIA 389 E Main St Batavia OH 45103</p> <p>Voice 513-732-2740 Fax 513-732-5696</p> |
|--|

Name _____

And _____

Address _____

Period Ending MAY

TAX ID _____

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

FORM W1 1352

EMPLOYER'S WITHHOLDING - MONTHLY

| | | | |
|---|---|--|--|
| 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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 15, 2017**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF BATAVIA
389 E Main St
Batavia OH 45103

Voice 513-732-2740

Fax 513-732-5696

Name

And

Address

Period Ending JUNE

TAX ID

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

FORM W1 1352

EMPLOYER'S WITHHOLDING - MONTHLY

| | | | |
|---|---|--|--|
| 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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 AUGUST 15, 2017**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF BATAVIA
389 E Main St
Batavia OH 45103

Voice 513-732-2740

Fax 513-732-5696

Name

And

Address

Period Ending JULY

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. Actual Tax Withheld at 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 SEPTEMBER 15, 2017**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
389 E Main St
Batavia OH 45103

Voice 513-732-2740 Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending AUGUST

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. Actual Tax Withheld at 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 15, 2017**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
389 E Main St
Batavia OH 45103

Voice 513-732-2740 Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending SEPTEMBER

TAX ID _____

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

FORM W1 1352

EMPLOYER'S WITHHOLDING - MONTHLY

| | | | |
|---|---|--|--|
| 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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 NOVEMBER 15, 2017**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
389 E Main St
Batavia OH 45103

Voice 513-732-2740 Fax 513-732-5696

Name

And

Address

Period Ending **OCTOBER**

TAX ID

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

FORM W1 1352

EMPLOYER'S WITHHOLDING - MONTHLY

| | | | |
|---|---|--|--|
| 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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 DECEMBER 15, 2017**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
389 E Main St
Batavia OH 45103

Voice 513-732-2740 Fax 513-732-5696

Name

And

Address

Period Ending **NOVEMBER**

TAX ID

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

| | | | |
|--|---|--|--|
| 1. Number of Taxable Employees. | 1 | | |
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| 6. 0.42% per month. | 6 | | |
| 7. 50%. | 7 | | |
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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 15, 2018**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
389 E Main St
Batavia OH 45103

Voice 513-732-2740 Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending **DECEMBER**

TAX ID _____

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