

FORM W-1

CITY OF UPPER SANDUSKY

RETURN OF TAX WITHHELD

MAIL TO:

**INCOME TAX DEPARTMENT
P.O. BOX 45
UPPER SANDUSKY, OH 43351**

Telephone: (419) 294-2766 Fax: (419) 209-0473

Employer Account # & Name:

QUARTER

YEAR

Due on or before:

(End of following month)

TAX WITHHELD AT 1% : \$ _____

ADJUSTMENTS (EXPLAIN OVER): \$ _____

TOTAL : \$ _____

X

AUTHORIZED SIGNATURE

DATE

PLEASE RETURN A COPY OF THIS FORM WITH CHECK PAYABLE TO: UPPER SANDUSKY INCOME TAX

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Employer Account # & Name:

QUARTER

YEAR

Due on or before:

JANUARY 31, 2017

(End of following month)

TAX WITHHELD AT 1% : \$ _____

ADJUSTMENTS (EXPLAIN OVER): \$ _____

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