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 # and Name:

MONTH OF: **YEAR:**

Due on or before:
(15th of following month)

TAX WITHHELD AT 1.75% : $ _____

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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