

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% : \$ \_\_\_\_\_

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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