

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

Email: incometax@uppersanduskyoh.com

Employer Account # and Name:**QUARTER:****YEAR:****Due on or before:**

(Last day 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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