

FORM W1 11

EMPLOYER'S WITHHOLDING - MONTHLY

Table with 8 rows and 3 columns for tax withholding information.

Tax Year 2018

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, 2018. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Name And Address

Period Ending JANUARY

TAX ID

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

FORM W1 11

EMPLOYER'S WITHHOLDING - MONTHLY

Table with 8 rows and 3 columns for tax withholding information.

Tax Year 2018

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 MARCH 15, 2018. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Name And Address

Period Ending FEBRUARY

TAX ID

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

FORM W1 11

EMPLOYER'S WITHHOLDING - MONTHLY

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Tax Year 2018

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 APRIL 15, 2018. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Name And Address

Period Ending MARCH

TAX ID

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

FORM W1 11

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. .50% per month.	6	
7. 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2018

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 MAY 15, 2018

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST
INCOME TAX DEPT
103 W. MAIN STREET
SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Name

And

Address

Period Ending APRIL

TAX ID

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

FORM W1 11

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. .50% per month.	6	
7. 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2018

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 JUNE 15, 2018

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST
INCOME TAX DEPT
103 W. MAIN STREET
SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Name

And

Address

Period Ending MAY

TAX ID

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

FORM W1 11

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. .50% per month.	6	
7. 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2018

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, 2018

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST
INCOME TAX DEPT
103 W. MAIN STREET
SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Name

And

Address

Period Ending JUNE

TAX ID

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

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Tax Year 2018

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, 2018. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Name And Address

Period Ending JULY

TAX ID

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

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Tax Year 2018

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, 2018. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Name And Address

Period Ending AUGUST

TAX ID

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

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Tax Year 2018

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, 2018. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Name And Address

Period Ending SEPTEMBER

TAX ID

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

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Tax Year 2018

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, 2018. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Name And Address

Period Ending OCTOBER

TAX ID

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

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EMPLOYER'S WITHHOLDING - MONTHLY

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Tax Year 2018

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, 2018. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Name And Address

Period Ending NOVEMBER

TAX ID

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

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Signed _____ Title _____ Date _____ Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2019. MAKE CHECK OR MONEY ORDER TO: THE VILLAGE OF SOUTH AMHERST INCOME TAX DEPT 103 W. MAIN STREET SOUTH AMHERST OH 44001 Voice 440-988-2877 Fax 440-988-3535

Name And Address

Period Ending DECEMBER

TAX ID

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