

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023

MAKE CHECK OR MONEY ORDER TO:

WEST UNION INCOME TAX BUREAU

P.O. Box 556
West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name

And

Address

Period Ending JANUARY

TAX ID

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023

MAKE CHECK OR MONEY ORDER TO:

WEST UNION INCOME TAX BUREAU

P.O. Box 556
West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name

And

Address

Period Ending FEBRUARY

TAX ID

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023

MAKE CHECK OR MONEY ORDER TO:
 WEST UNION INCOME TAX BUREAU
 P.O. Box 556
 West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name _____

And _____

Address _____

Period Ending MARCH

TAX ID _____

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023

MAKE CHECK OR MONEY ORDER TO:
 WEST UNION INCOME TAX BUREAU
 P.O. Box 556
 West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name _____

And _____

Address _____

Period Ending APRIL

TAX ID _____

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023**

MAKE CHECK OR MONEY ORDER TO:
WEST UNION INCOME TAX BUREAU
P.O. Box 556
West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name _____

And _____

Address _____

Period Ending MAY

TAX ID _____

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023**

MAKE CHECK OR MONEY ORDER TO:
WEST UNION INCOME TAX BUREAU
P.O. Box 556
West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name _____

And _____

Address _____

Period Ending JUNE

TAX ID _____

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023

MAKE CHECK OR MONEY ORDER TO:

WEST UNION INCOME TAX BUREAU

P.O. Box 556
West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name
And
Address

Period Ending JULY

TAX ID

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023

MAKE CHECK OR MONEY ORDER TO:

WEST UNION INCOME TAX BUREAU

P.O. Box 556
West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name
And
Address

Period Ending AUGUST

TAX ID

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023

MAKE CHECK OR MONEY ORDER TO:

WEST UNION INCOME TAX BUREAU

P.O. Box 556
West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name

And

Address

Period Ending **SEPTEMBER**

TAX ID

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023

MAKE CHECK OR MONEY ORDER TO:

WEST UNION INCOME TAX BUREAU

P.O. Box 556
West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name

And

Address

Period Ending **OCTOBER**

TAX ID

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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, 2023

MAKE CHECK OR MONEY ORDER TO:

WEST UNION INCOME TAX BUREAU

P.O. Box 556
West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name

And

Address

Period Ending **NOVEMBER**

TAX ID

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

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Less wages not subject to tax.....	3	
4. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 1.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Total (Include Interest and Penalty if Due).....	7	

Tax Year 2023

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 JANUARY 15, 2024

MAKE CHECK OR MONEY ORDER TO:

WEST UNION INCOME TAX BUREAU

P.O. Box 556
West Union OH 45693

Voice 937-217-8855 Ext Fax 937-544-6099

Name

And

Address

Period Ending **DECEMBER**

TAX ID

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