

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	

Name
And
Address

Tax Year 2019

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, 2019

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

Period Ending JAN-FEB-MAR

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	
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Name
And
Address

Tax Year 2019

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, 2019

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

Period Ending APR-MAY-JUN

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	
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Name
And
Address

Tax Year 2019

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, 2019

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

Period Ending JUL-AUG-SEP

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 2019

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, 2020**

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 OCT-NOV-DEC

TAX ID _____

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