

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees
2	Total Salaries, Wages, Commissions and other Compensation paid all employees
3	Taxable Earnings (from line 2)
4	Actual Tax Withheld at 1.000 %
5	Adjustments of Tax for Prior Period
6	1% Interest
7	1% Penalty
8	Total (Include Interest and Penalty if Due)

Name

And

Address

**TAX ID #**

**Tax Year 20**

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 FEB. 15, 20**  
**MAKE CHECK OR MONEY ORDER TO**  
 VILLAGE OF GREENWICH TAX DEPT.  
 45 MAIN STREET  
 GREENWICH, OH 44837

Phone 419-752-2441 Fax 419-752-1903

**Period Ending - JANUARY**

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

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees
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6	1% Interest
7	1% Penalty
8	Total (Include Interest and Penalty if Due)

Name

And

Address

**TAX ID #**

**Tax Year 20**

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, 20**  
**MAKE CHECK OR MONEY ORDER TO**  
 VILLAGE OF GREENWICH TAX DEPT.  
 45 MAIN STREET  
 GREENWICH, OH 44837

Phone 419-752-2441 Fax 419-752-1903

**Period Ending - FEBRUARY**

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

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees
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3	Taxable Earnings (from line 2)
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5	Adjustments of Tax for Prior Period
6	1% Interest
7	1% Penalty
8	Total (Include Interest and Penalty if Due)

Name

And

Address

**TAX ID #**

**Tax Year 20**

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, 20**  
**MAKE CHECK OR MONEY ORDER TO**  
 VILLAGE OF GREENWICH TAX DEPT.  
 45 MAIN STREET  
 GREENWICH, OH 44837

Phone 419-752-2441 Fax 419-752-1903

**Period Ending - MARCH**

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

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

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4	Actual Tax Withheld at 1.000 %
5	Adjustments of Tax for Prior Period
6	1% Interest
7	1% Penalty
8	Total (Include Interest and Penalty if Due)

Name

And

Address

**TAX ID #**

**Tax Year 20**

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, 20**  
**MAKE CHECK OR MONEY ORDER TO**  
 VILLAGE OF GREENWICH TAX DEPT.  
 45 MAIN STREET  
 GREENWICH, OH 44837

Phone 419-752-2441 Fax 419-752-1903

**Period Ending - APRIL**

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

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees .....
2	Total Salaries, Wages, Commissions and other Compensation paid all employees .....
3	Taxable Earnings (from line 2) .....
4	Actual Tax Withheld at 1.000 % .....
5	Adjustments of Tax for Prior Period .....
6	1% Interest .....
7	1% Penalty .....
8	Total (Include Interest and Penalty if Due) .....

Name

And

Address

**TAX ID #** \_\_\_\_\_

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

**Tax Year 20** \_\_\_\_\_

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, 20**  
**MAKE CHECK OR MONEY ORDER TO**  
 VILLAGE OF GREENWICH TAX DEPT.  
 45 MAIN STREET  
 GREENWICH, OH 44837  
 Phone 419-752-2441 Fax 419-752-1903

**Period Ending - MAY**

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees .....
2	Total Salaries, Wages, Commissions and other Compensation paid all employees .....
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5	Adjustments of Tax for Prior Period .....
6	1% Interest .....
7	1% Penalty .....
8	Total (Include Interest and Penalty if Due) .....

Name

And

Address

**TAX ID #** \_\_\_\_\_

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

**Tax Year 20** \_\_\_\_\_

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, 20**  
**MAKE CHECK OR MONEY ORDER TO**  
 VILLAGE OF GREENWICH TAX DEPT.  
 45 MAIN STREET  
 GREENWICH, OH 44837  
 Phone 419-752-2441 Fax 419-752-1903

**Period Ending - JUNE**

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees .....
2	Total Salaries, Wages, Commissions and other Compensation paid all employees .....
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4	Actual Tax Withheld at 1.000 % .....
5	Adjustments of Tax for Prior Period .....
6	1% Interest .....
7	1% Penalty .....
8	Total (Include Interest and Penalty if Due) .....

Name

And

Address

**TAX ID #** \_\_\_\_\_

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

**Tax Year 20** \_\_\_\_\_

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 AUG. 15, 20**  
**MAKE CHECK OR MONEY ORDER TO**  
 VILLAGE OF GREENWICH TAX DEPT.  
 45 MAIN STREET  
 GREENWICH, OH 44837  
 Phone 419-752-2441 Fax 419-752-1903

**Period Ending - JULY**

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees .....
2	Total Salaries, Wages, Commissions and other Compensation paid all employees .....
3	Taxable Earnings (from line 2) .....
4	Actual Tax Withheld at 1.000 % .....
5	Adjustments of Tax for Prior Period .....
6	1% Interest .....
7	1% Penalty .....
8	Total (Include Interest and Penalty if Due) .....

Name

And

Address

**TAX ID #** \_\_\_\_\_

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

**Tax Year 20** \_\_\_\_\_

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 SEPT. 15, 20**  
**MAKE CHECK OR MONEY ORDER TO**  
 VILLAGE OF GREENWICH TAX DEPT.  
 45 MAIN STREET  
 GREENWICH, OH 44837  
 Phone 419-752-2441 Fax 419-752-1903

**Period Ending - AUGUST**

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees
2	Total Salaries, Wages, Commissions and other Compensation paid all employees
3	Taxable Earnings (from line 2)
4	Actual Tax Withheld at 1.000 %
5	Adjustments of Tax for Prior Period
6	1% Interest
7	1% Penalty
8	Total (Include Interest and Penalty if Due)

Name

And

Address

**TAX ID #** \_\_\_\_\_

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

**Tax Year 20**

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 OCT. 15, 20**

**MAKE CHECK OR MONEY ORDER TO**

VILLAGE OF GREENWICH TAX DEPT.

45 MAIN STREET

GREENWICH, OH 44837

Phone 419-752-2441

Fax 419-752-1903

**Period Ending - SEPTEMBER**

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees
2	Total Salaries, Wages, Commissions and other Compensation paid all employees
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4	Actual Tax Withheld at 1.000 %
5	Adjustments of Tax for Prior Period
6	1% Interest
7	1% Penalty
8	Total (Include Interest and Penalty if Due)

Name

And

Address

**TAX ID #** \_\_\_\_\_

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

**Tax Year 20**

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 NOV. 15, 20**

**MAKE CHECK OR MONEY ORDER TO**

VILLAGE OF GREENWICH TAX DEPT.

45 MAIN STREET

GREENWICH, OH 44837

Phone 419-752-2441

Fax 419-752-1903

**Period Ending - OCTOBER**

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees
2	Total Salaries, Wages, Commissions and other Compensation paid all employees
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5	Adjustments of Tax for Prior Period
6	1% Interest
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8	Total (Include Interest and Penalty if Due)

Name

And

Address

**TAX ID #** \_\_\_\_\_

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

**Tax Year 20**

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 DEC. 15, 20**

**MAKE CHECK OR MONEY ORDER TO**

VILLAGE OF GREENWICH TAX DEPT.

45 MAIN STREET

GREENWICH, OH 44837

Phone 419-752-2441

Fax 419-752-1903

**Period Ending - NOVEMBER**

**FORM W-1 880**

**EMPLOYER'S WITHHOLDING - MONTHLY**

1	Number of Taxable Employees
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5	Adjustments of Tax for Prior Period
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8	Total (Include Interest and Penalty if Due)

Name

And

Address

**TAX ID #** \_\_\_\_\_

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

**Tax Year 20**

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 JAN. 15, 20**

**MAKE CHECK OR MONEY ORDER TO**

VILLAGE OF GREENWICH TAX DEPT.

45 MAIN STREET

GREENWICH, OH 44837

Phone 419-752-2441

Fax 419-752-1903

**Period Ending - DECEMBER**