FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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. 20, 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**

Name

And

Address

TAX ID # _____

Period Ending - JANUARY

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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. 3, 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**

Name

And

Address

TAX ID # _____

Period Ending - JANUARY

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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. 21, 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**

Name

And

Address

TAX ID # _____

Period Ending - FEBRUARY

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 3, 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**

Name

And

Address

TAX ID # _____

Period Ending - FEBRUARY

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 20, 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 - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 5, 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 - SEMI-MONTHLY**

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

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 20, 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 - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 3, 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 - SEMI-MONTHLY**

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

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 18, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 JUNE 5, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 JUNE 20, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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

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 JULY 6, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 JULY 20, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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	
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5. Adjustments of Tax for Prior Period	5	
6. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 AUG. 3, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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

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 AUG. 18, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 SEPT. 6, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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

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 SEPT. 20, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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	
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5. Adjustments of Tax for Prior Period	5	
6. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 OCT. 4, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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

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 OCT. 19, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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 NOV. 3, 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

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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

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. 20, 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**

Name

And

Address

TAX ID # _____

Period Ending - NOVEMBER

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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	
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6. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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. 5, 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**

Name

And

Address

TAX ID # _____

Period Ending - NOVEMBER

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-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	
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5. Adjustments of Tax for Prior Period	5	
6. 1% Interest	6	
7. 1% Penalty	7	
8. Total (Include Interest and Penalty if Due)	8	

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. 20, 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**

Name

And

Address

TAX ID # _____

Period Ending - DECEMBER

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

FORM W-1 880 **EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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

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. 5, 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**

Name

And

Address

TAX ID # _____

Period Ending - DECEMBER

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