

Form W-1

**EMPLOYER'S WITHHOLDING TAX RETURN
BELLAIRE INCOME TAX OFFICE**

Final Courtesy Amended

3197 Belmont Street
Bellaire, Ohio 43906
Phone: (740) 676-2710
Fax: (740) 671-6055

Please mail this form to us - even if no tax is due for the period

FID # _____

1% tax withheld from employees wages =
\$ _____ for period checked.

- Jan. thru March 20 ____ Due 4/15
- April thru June 20 ____ Due 7/15
- July thru Sept. 20 ____ Due 10/15
- Oct. thru Dec. 20 ____ Due 1/15
- Month of _____

1. Total Payroll Subject to Tax . . . _____
2. Bellaire Withholding Tax at 1% _____
3. Adjustment of Tax for Prior Quarter _____
4. Interest (5.0% per annum or
0.42% per month) _____
5. Penalty (50% of the total tax due) _____

This return must be received on or before the due date shown.

SIGNATURE

PHONE NUMBER

DATE

Make Remittance Payable to Bellaire Income Tax Department

MAKE NAME OR ADDRESS CORRECTIONS

RETURN THIS COPY WITH PAYMENT

PRECISION PRINTED PRODUCTS 304-547-5577