

Village of Deshler
Income Tax Department
101 E. Main St.
Deshler, Ohio 43516

EMPLOYER'S RETURN OF INCOME TAX WITHHELD

For Period _____ Tax Year 20____

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

- 1. Total Compensation Paid This Period \$ _____
- 2. Total Withheld This Period \$ _____
- 3. Adjustments to prior returns \$ _____
- 4. Penalty and/or Interest \$ _____
- 5. Total \$ _____

Fed. ID # _____

Company Name & Address:

Make check or money order payable to:
Village of Deshler

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____

Date

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