

Village of Hartville
Tax Department
202 W Maple St
Hartville, Ohio 44632

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before _____
For Period _____
Tax Year _____

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

Account Number # _____
Fed. ID # _____

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

Make check or money order payable to:
Village of Hartville

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

(signed) _____

(Official Title) _____

Date _____