

| | | | |
|---|---|--|--|
| 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 1.500 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. Interest: 0.50% per month. | 6 | | |
| 7. Penalty: 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2021

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 30, 2021**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF GNADENHUTTEN
POBox 877
Gnadenhutten OH 44629

Voice 740-254-4307 Ext Fax 740-254-4986

Name _____

And _____

Address _____

Period Ending JAN-FEB-MAR

TAX ID _____

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

| | | | |
|--|---|--|--|
| 1. Number of Taxable Employees. | 1 | | |
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Name _____

And _____

Address _____

Tax Year 2021

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 31, 2021**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF GNADENHUTTEN
POBox 877
Gnadenhutten OH 44629

Voice 740-254-4307 Ext Fax 740-254-4986

Period Ending APR-MAY-JUN

TAX ID _____

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

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Name _____

And _____

Address _____

Tax Year 2021

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 OCTOBER 31, 2021**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF GNADENHUTTEN
POBox 877
Gnadenhutten OH 44629

Voice 740-254-4307 Ext Fax 740-254-4986

Period Ending JUL-AUG-SEP

TAX ID _____

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

| | | | |
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| 7. Penalty: 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2021

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 JANUARY 31, 2022**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF GNADENHUTTEN
POBox 877
Gnadenhutten OH 44629

Voice 740-254-4307 Ext Fax 740-254-4986

Name _____

And _____

Address _____

Period Ending OCT-NOV-DEC

TAX ID _____

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