

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 2024

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 FEBRUARY 15, 2024**

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 JANUARY

TAX ID

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

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 2024

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 15, 2024

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 FEBRUARY

TAX ID

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

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 2024

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 15, 2024

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 MARCH

TAX ID

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

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 2024

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 15, 2024

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 APRIL

TAX ID

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

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 2024

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 15, 2024

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 MAY

TAX ID

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

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 2024

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 15, 2024

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 JUNE

TAX ID _____

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

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 2024

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 AUGUST 15, 2024

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 JULY

TAX ID _____

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

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 2024

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 SEPTEMBER 15, 2024**

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 AUGUST

TAX ID _____

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

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 2024

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 15, 2024**

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 SEPTEMBER

TAX ID _____

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

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. Interest: 0.50% per month.....	6		
7. Penalty: 50%.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

Tax Year 2024

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 NOVEMBER 15, 2024**

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 OCTOBER

TAX ID

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

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 2024

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 DECEMBER 15, 2024**

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 NOVEMBER

TAX ID

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

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. Interest: 0.50% per month.....	6		
7. Penalty: 50%.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

Tax Year 2024

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 15, 2025**

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 **DECEMBER**

TAX ID _____

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