

| | | | |
|--|---|--|--|
| 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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2019

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 18, 2019**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending JAN 15

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 1.000 %. | 4 | | |
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| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2019
 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 3, 2019

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext Fax 513-732-5696

Period Ending JAN 31

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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| 4. Actual Tax Withheld at 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
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Name _____

And _____

Address _____

Tax Year 2019
 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 18, 2019

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext Fax 513-732-5696

Period Ending FEB 15

TAX ID _____

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

FORM W1 1352

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2019
 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 3, 2019**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext _____ Fax 513-732-5696

Period Ending FEB 28

TAX ID

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

FORM W1 1352

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2019
 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 18, 2019**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext _____ Fax 513-732-5696

Period Ending MAR 15

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 1.000 %. | 4 | |
| 5. Adjustments of Tax for Prior Period. | 5 | |
| 6. 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Tax Year 2019

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 3, 2019**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
65 N Second St.
Batavia OH 45103

Voice 513-732-2740 Ext Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending MAR 31

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 1.000 %. | 4 | |
| 5. Adjustments of Tax for Prior Period. | 5 | |
| 6. 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Tax Year 2019

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 18, 2019**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
65 N Second St.
Batavia OH 45103

Voice 513-732-2740 Ext Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending APR 15

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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2019
 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 3, 2019**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext _____ Fax 513-732-5696

Period Ending APR 30

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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2019
 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 18, 2019**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext _____ Fax 513-732-5696

Period Ending MAY 15

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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2019

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 3, 2019 |
| MAKE CHECK OR MONEY ORDER TO: |
| VILLAGE OF BATAVIA 65 N Second St. Batavia OH 45103 |
| Voice 513-732-2740 Ext Fax 513-732-5696 |

Name _____

And _____

Address _____

Period Ending MAY 31

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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
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Tax Year 2019

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 18, 2019 |
| MAKE CHECK OR MONEY ORDER TO: |
| VILLAGE OF BATAVIA 65 N Second St. Batavia OH 45103 |
| Voice 513-732-2740 Ext Fax 513-732-5696 |

Name _____

And _____

Address _____

Period Ending JUN 15

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

Name _____

And _____

Address _____

Tax Year 2019
 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 3, 2019**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext _____ Fax 513-732-5696

Period Ending JUN 30

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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2019
 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 18, 2019**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext _____ Fax 513-732-5696

Period Ending JUL 15

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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| 4. Actual Tax Withheld at 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2019

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 # _____

| |
|--|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 3, 2019</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF BATAVIA 65 N Second St. Batavia OH 45103</p> <p>Voice 513-732-2740 Ext Fax 513-732-5696</p> |
|--|

Name _____

And _____

Address _____

Period Ending JUL 31

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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| 3. Taxable Earnings (from line 2). | 3 | | |
| 4. Actual Tax Withheld at 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2019

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 # _____

| |
|---|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 18, 2019</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF BATAVIA 65 N Second St. Batavia OH 45103</p> <p>Voice 513-732-2740 Ext Fax 513-732-5696</p> |
|---|

Name _____

And _____

Address _____

Period Ending AUG 15

TAX ID _____

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

FORM W1 1352

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2019

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 # _____

| |
|--|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 3, 2019</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF BATAVIA 65 N Second St. Batavia OH 45103</p> <p>Voice 513-732-2740 Ext Fax 513-732-5696</p> |
|--|

Name _____

And _____

Address _____

Period Ending **AUG 31**

TAX ID _____

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

FORM W1 1352

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2019

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 # _____

| |
|---|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 18, 2019</p> <p>MAKE CHECK OR MONEY ORDER TO: VILLAGE OF BATAVIA 65 N Second St. Batavia OH 45103</p> <p>Voice 513-732-2740 Ext Fax 513-732-5696</p> |
|---|

Name _____

And _____

Address _____

Period Ending **SEP 15**

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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2019

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 3, 2019**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
65 N Second St.
Batavia OH 45103

Voice 513-732-2740 Ext Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending SEP 30

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 | | |
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| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
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Tax Year 2019

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 18, 2019**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
65 N Second St.
Batavia OH 45103

Voice 513-732-2740 Ext Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending OCT 15

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 1.000 %. | 4 | |
| 5. Adjustments of Tax for Prior Period. | 5 | |
| 6. 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
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Tax Year 2019

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 3, 2019**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
65 N Second St.
Batavia OH 45103

Voice 513-732-2740 Ext Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending OCT 31

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 | |
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| 5. Adjustments of Tax for Prior Period. | 5 | |
| 6. 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
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Tax Year 2019

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 18, 2019**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
65 N Second St.
Batavia OH 45103

Voice 513-732-2740 Ext Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending NOV 15

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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2019
 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 3, 2019**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext _____ Fax 513-732-5696

Period Ending NOV 30

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 1.000 %. | 4 | | |
| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. 0.50% per month. | 6 | | |
| 7. 50%. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2019
 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 18, 2019**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF BATAVIA
 65 N Second St.
 Batavia OH 45103

Voice 513-732-2740 Ext _____ Fax 513-732-5696

Period Ending DEC 15

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

Tax Year 2019

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 3, 2020**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BATAVIA
65 N Second St.
Batavia OH 45103

Voice 513-732-2740 Ext Fax 513-732-5696

Name _____

And _____

Address _____

Period Ending DEC 31

TAX ID _____

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