

**RETURN PART 1 - KEEP PART 2 FOR YOUR RECORDS
EMPLOYER'S RETURN OF TAX WITHHELD**

VAN WERT INCOME TAX W-1

CITY INCOME TAX RATE:

1. Taxable Earnings paid all Employees
subject to Van Wert Income Tax

\$

2. Actual Tax Withheld in period for City Income Tax

\$

3. Adjustment of Tax for prior period

4. Interest: _____

5. Penalty: _____

6. Total

\$

DOLLARS		CENTS

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

(Signed) _____

(Official Title) _____

Date

**THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW.**

**MAKE CHECK OR MONEY ORDER PAYABLE TO
TREASURER, CITY OF VAN WERT**

MAIL TO: CITY OF VAN WERT
INCOME TAX ADMINISTRATOR
515 E. MAIN STREET
VAN WERT, OHIO 45891

FOR MONTH OF

DUE ON OR BEFORE

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

FEDERAL I.D. # _____

If receipt is desired, return Taxpayer's Copy of this form and
enclose self-addressed, stamped envelope.