

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. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Interest: 0.50% per month	7	
8. Penalty: 50%	8	
9. Total (Include Interest and Penalty if Due)	9	

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 APRIL 30, 2019**
MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121
 Voice 937-378-6395 Ext 1001 Fax 937-378-4505

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	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
3. Taxable Earnings (from line 2)	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Interest: 0.50% per month	7	
8. Penalty: 50%	8	
9. Total (Include Interest and Penalty if Due)	9	

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 31, 2019**
MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121
 Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Period Ending APR-MAY-JUN

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. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 0.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Interest: 0.50% per month	7	
8. Penalty: 50%	8	
9. Total (Include Interest and Penalty if Due)	9	

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 OCTOBER 31, 2019**
MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121
 Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Period Ending JUL-AUG-SEP

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. Taxable Earnings (line 2 minus 3).....	4	
5. Actual Tax Withheld at 0.000 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Interest: 0.50% per month.....	7	
8. Penalty: 50%.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

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 31, 2020**

MAKE CHECK OR MONEY ORDER TO:
 GEORGETOWN INCOME TAX BUREAU
 PO BOX 116
 GEORGETOWN OH 45121

Voice 937-378-6395 Ext 1001 Fax 937-378-4505

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

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