

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 1.000 %.....	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 2020**  
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, 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

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 2020**  
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, 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

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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9. Total (Include Interest and Penalty if Due).....	9		

Name  
And  
Address

**Tax Year 2020**  
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, 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

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	
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7. Interest: 0.50% per month.....	7	
8. Penalty: 50%.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

**Tax Year 2020**

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, 2021**

**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.