

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 2022
 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, 2022**

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 1.000 %.	5		
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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 2022
 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, 2022**

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		
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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 2022

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, 2022**

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 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 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		

Tax Year 2022

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, 2023**

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.