

Jenera Village Income Tax - 7

W-1 Employer's Quarterly or Monthly Withholding Remittance Form

Post Office Box 862, Findlay, Ohio 45839-0862

Phone: 419-424-7133 Fax: 419-424-7410

www.findlayohio.com/incometax

_____	1. Jenera 1.0 percent tax withheld.....	_____
Name		
_____	2. Intra-year adjustments.....	_____
Address		
_____	3. Net Jenera 1.0 percent liability.....	_____
City	ST	Zip
_____	4. Penalty.....	_____
Federal employer identification number		
_____	5. Interest.....	_____
Year		
_____	6. Payment enclosed.....	_____
Month	or	Quarter
	(Payable to: City of Findlay)	

I certify, to the best of my knowledge and belief, that the information shown above is true, correct, and complete.

_____	_____	_____	_____
Signature of Responsible Party	Date	Title	Phone