

# Findlay Income Tax Department

## Quarterly/Monthly W-1 Employer Withholding Remittance Form

Post Office Box 862 Findlay, Ohio 45839-0862

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

findlayohio.com/incometax

checks payable to City of Findlay

Employer's legal name

Federal Employer Identification Number (and SSN, if a sole proprietorship)

Address

City

State

Zip

	<u>Year</u>	<u>Tax Liability</u>	<u>Penalty</u>	<u>Interest</u>	<u>Payment</u>
Findlay - 1	_____ Month or Quarter	_____.	_____.	_____.	_____.
Arlington - 2	_____ Month or Quarter	_____.	_____.	_____.	_____.
Mount Cory - 3	_____ Month or Quarter	_____.	_____.	_____.	_____.
Vanlue - 4	_____ Month or Quarter	_____.	_____.	_____.	_____.
Carey - 5	_____ Month or Quarter	_____.	_____.	_____.	_____.
Mount Blanchard - 6	_____ Month or Quarter	_____.	_____.	_____.	_____.

\_\_\_\_\_  
Your name and title

\_\_\_\_\_  
Phone

To the best of my knowledge and belief, the information above is true, correct, and complete.

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date