

## INCOME TAX DEPARTMENT

P.O. Box 862 | Findlay, OH 45839-0862

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

Name			Findlay one percent tax withheld	·
Address			2. Intra-year adjustments	
City	ST	Zip	3. Net Findlay one percent liability	
Federal employer identification number			4. Penalty	<del>.</del>
			5. Interest	
Month	or	Quarter	6. Payment enclosed	
I certify, to the best	t of my kno	owledge and b	elief, that the information shown above is true,	correct, and complete.
Signature of Responsible Party		Date	Title	Phone