

Mount Blanchard Village Income Tax - 6
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
findlayohio.com

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

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