

**Mount Cory Village Income Tax - 3**

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