

# Income Tax Department

## 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/incometax

Findlay

Arlington

Mount Cory

Vanlue

Carey

Mount Blanchard

\_\_\_\_\_  
Name

1. Amount of tax withheld.....

\_\_\_\_\_  
Address

2. Intra-year adjustments.....

\_\_\_\_\_  
City ST Zip

3. Net tax liability.....

\_\_\_\_\_  
Federal employer identification number

4. Penalty.....

\_\_\_\_\_  
Year

5. Interest.....

\_\_\_\_\_  
Month or Quarter

6. Payment enclosed.....  
(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

Findlay (1.0%)

Arlington (1.0%)

Mount Cory (1.0%)

Vanlue (1.0%)

Carey (1.5%)

Mount Blanchard (1.0%)