FORM W1 1118 EM	IPLOYER'S WITHHOLDING - MONT	HLY	
Number of Taxable Employees			Tax Year 2024 that the information and statements contained he chedules or exhibits attached are true and correct
		Signed	
3. Taxable Earnings (from line 2)	3	Title	Date
4. Actual Tax Withheld at 1.000 %		Phone #	
5. Adjustments of Tax for Prior Period	5	THIS RE	ETURN MUST BE FILED ON DRE FEBRUARY 15, 2024
6. Total (Include Interest and Penalty if Due)	6	MAKE	CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE 111 S MAIN ST
Name		H	HICKSVILLE OH 43526-1398
And		Voice 419-	-542-8621 Fax 419-542-2018

Address

Period Ending JANUARY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

Number of Taxable Employees	1		_ ,,	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2		Tax Year I hereby certify that the information in and in any schedules or exhibits	and statements contained he
			Signed	
. Taxable Earnings (from line 2)	3		Title	Date
Actual Tax Withheld at 1.000 %			Phone #	Dato
Adjustments of Tax for Prior Period.	·		THIS RETURN MUST	BE FILED ON
			OR BEFORE MARCH	
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		111 S MAIN ST		
Name			HICKSVILLE OF	=
And			Voice 419-542-8621	Fax 419-542-2018
Address			Period Ending FEBRUAR	V
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		17	AX ID	
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Number of Taxable Employees	1	DING - MONTHLY	I hereby certify that the information in and in any schedules or exhibits	and statements contained he attached are true and correct
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Number of Taxable Employees. Total Salaries, Wages, Commissions and other ompensation paid all employees. Taxable Earnings (from line 2). Actual Tax Withheld at 1.000 %. Adjustments of Tax for Prior Period. Total (Include Interest and Penalty if Due). Name And	3 . 4 . 5	DING - MONTHLY	I hereby certify that the information in and in any schedules or exhibits Signed Title Phone # THIS RETURN MUST OR BEFORE APRIL MAKE CHECK OR N VILLAGE OF H 111 S M HICKSVILLE OH Voice 419-542-8621	Date BE FILED ON 15, 2024 MONEY ORDER TO: HICKSVILLE AIN ST H 43526-1398
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2. Total Salaries, Wages, Commissions and other Compensation paid all employees	I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
	Signed
B. Taxable Earnings (from line 2)	Title Date
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. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
	OR BEFORE MAY 15, 2024
	MAKE CHECK OR MONEY ORDER TO
. Total (Include Interest and Penalty if Due)	VILLAGE OF HICKSVILLE
	111 S MAIN ST
Name	HICKSVILLE OH 43526-1398
And	Voice 419-542-8621 Fax 419-542-2018
Address	
Addiess	Period Ending APRIL
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
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1. Number of Taxable Employees	
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Compensation paid all employees	I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
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. Taxable Earnings (from line 2)	Title Date
. Actual Tax Withheld at 1.000 %	Phone #
Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
	OR BEFORE JULY 15, 2024
	MAKE CHECK OR MONEY ORDER TO:
. Total (Include Interest and Penalty if Due)	VILLAGE OF HICKSVILLE
	111 S MAIN ST
Name	HICKSVILLE OH 43526-1398
And	Voice 419-542-8621 Fax 419-542-2018
Address	Period Ending JUNE
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		Signed	
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		MAKE CHECK OR M	MONEY ORDER TO:
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		111 S MAIN ST	
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3 4		I hereby certify that the information in and in any schedules or exhibits Signed Title Phone # THIS RETURN MUST OR BEFORE OCTOBER	Date BE FILED ON 15, 2024
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Number of Taxable Employees			Tax Year 20	024
2. Total Salaties, Wages, Commissions and other Compensation paid all employees	. 2		I hereby certify that the information an in and in any schedules or exhibits att	nd statements contained he
			Signed	
3. Taxable Earnings (from line 2)	. 3		Title	Date
4. Actual Tax Withheld at 1.000 %			Phone #	<u> </u>
5. Adjustments of Tax for Prior Period	. 5		THIS RETURN MUST B	E FILED ON
			OR BEFORE NOVEMBER	15, 2024
			MAKE CHECK OR MO	NEY ORDER TO:
5. Total (Include Interest and Penalty if Due)			VILLAGE OF HIC	
			111 S MAIN ST	
Name			HICKSVILLE OH	43526-1398
And			Voice 419-542-8621	Fax 419-542-2018
Address			Period Ending OCTOBER	
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FORM W1 1118 EMPLOYER I. Number of Taxable Employees		, - WORTHET	Tax Year 20	N24
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FORM W1 1118	EMPLOYER'S WITHHOLDING - MON	ITHLY		
Number of Taxable Employees Total Salaries, Wages, Commissions and compensation paid all employees	other		Tax Year hereby certify that the information and in any schedules or exhibits	and statements contained here
			Signed	
3. Taxable Earnings (from line 2)	3		Title	
4. Actual Tax Withheld at 1.000 %	_		Phone #	
5. Adjustments of Tax for Prior Period	5		THIS RETURN MUST OR BEFORE JANUARY	BE FILED ON
6. Total (Include Interest and Penalty if Due).	6		MAKE CHECK OR M VILLAGE OF H 111 S MA	HICKSVILLE
Name			HICKSVILLE OF	
And			Voice 419-542-8621	Fax 419-542-2018

Period Ending DECEMBER

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

TAX ID

Address