FORM W1 1495	EMPLOYER'S WITHHOLDING - I	MONTHLY		
Number of Taxable Employees     Total Salaries, Wages, Commissions and compensation paid all employees	other		Tax Year 2 hereby certify that the information a n and in any schedules or exhibits a	and statements contained here
			Signed	
3. Taxable Earnings (from line 2)	3		Title	
4. Actual Tax Withheld at 1.000 %	4		Phone #	
5. Adjustments of Tax for Prior Period	5		THIS RETURN MUST	BE FILED ON
			OR BEFORE FEBRUAR	Y 15, 2024
6. Total (Include Interest and Penalty if Due).	6		MAKE CHECK OR M  VILLAGE OF HICKSVI  111 S. Ma	LLE/SHERWOOD
Name			Hicksville Ol	H 43526
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.

Tax Year 2024  I hereby certify that the information and statements contained here		
in and in any schedules or exhibits attached are true and correct		
Signed		
Title Date		
Phone #		
THIS RETURN MUST BE FILED ON		
OR BEFORE MARCH 15, 2024		
MAKE CHECK OR MONEY ORDER TO:		
VILLAGE OF HICKSVILLE/SHERWOOD		
111 S. Main St Hicksville OH 43526		
Voice 419-542-8621 Fax 419-542-2018		
1000 110 012 0021 1 dx 110 012 2010		
Period Ending FEBRUARY		
_		
TAX ID  NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.		
Tax Year 2024  I hereby certify that the information and statements contained h		
in and in any schedules or exhibits attached are true and correc		
Signed		
Title Date		
Phone #		
THIS RETURN MUST BE FILED ON		
THIS RETURN MUST BE FILED ON		
THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2024		
THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2024  MAKE CHECK OR MONEY ORDER TO:		
THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2024  MAKE CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE/SHERWOOD		
THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2024  MAKE CHECK OR MONEY ORDER TO:		
THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2024  MAKE CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE/SHERWOOD 111 S. Main St		
THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2024  MAKE CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE/SHERWOOD 111 S. Main St		
THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2024  MAKE CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE/SHERWOOD 111 S. Main St Hicksville OH 43526  Voice 419-542-8621 Fax 419-542-2018		
THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2024  MAKE CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE/SHERWOOD  111 S. Main St Hicksville OH 43526		

	LOYER'S WITHHOLDING -	
Number of Taxable Employees	1	Tax Year 2024
Total Salaries, Wages, Commissions and other     Compensation paid all employees	2	I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correc
		Signed
. Taxable Earnings (from line 2)	3	Title Date
. Actual Tax Withheld at 1.000 %		Phone #
. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
		OR BEFORE MAY 15, 2024
		MAKE CHECK OR MONEY ORDER TO:
6. Total (Include Interest and Penalty if Due)		VILLAGE OF HICKSVILLE/SHERWOOD
		111 S. Main St
Name		Hicksville OH 43526
And		Voice 419-542-8621 Fax 419-542-2018
Address		Daried Ending ADDII
Address		Period Ending APRIL
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
Number of Taxable Employees		Tax Year 2024  I hereby certify that the information and statements contained h
. Number of Taxable Employees	1	Tax Year 2024  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct
. Number of Taxable Employees	2	Tax Year 2024  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed
. Number of Taxable Employees	1 2 3	Tax Year 2024  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct
. Number of Taxable Employees		Tax Year 2024  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #
. Number of Taxable Employees		Tax Year 2024  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON
. Number of Taxable Employees		Tax Year 2024  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title
. Number of Taxable Employees Total Salaries, Wages, Commissions and other compensation paid all employees Taxable Earnings (from line 2) Actual Tax Withheld at 1.000 % Adjustments of Tax for Prior Period.		Tax Year 2024  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON
. Number of Taxable Employees Total Salaries, Wages, Commissions and other compensation paid all employees Taxable Earnings (from line 2) Actual Tax Withheld at 1.000 % Adjustments of Tax for Prior Period.		Tax Year 2024  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title
. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.000 %. 5. Adjustments of Tax for Prior Period.		Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2024  MAKE CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE/SHERWOOD 111 S. Main St
. Number of Taxable Employees Total Salaries, Wages, Commissions and other compensation paid all employees Taxable Earnings (from line 2) Actual Tax Withheld at 1.000 % Adjustments of Tax for Prior Period.		Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correct Signed  Title
. Number of Taxable Employees Total Salaries, Wages, Commissions and other compensation paid all employees Taxable Earnings (from line 2) Actual Tax Withheld at 1.000 % Adjustments of Tax for Prior Period.		Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2024  MAKE CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE/SHERWOOD 111 S. Main St
I. Number of Taxable Employees.  2. Total Salaries, Wages, Commissions and other Compensation paid all employees.  3. Taxable Earnings (from line 2).  4. Actual Tax Withheld at 1.000 %.  5. Adjustments of Tax for Prior Period.  6. Total (Include Interest and Penalty if Due).  Name		Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2024  MAKE CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE/SHERWOOD 111 S. Main St Hicksville OH 43526  Voice 419-542-8621  Fax 419-542-2018
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other compensation 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		Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correct Signed  Title
I. Number of Taxable Employees.  I. Total Salaries, Wages, Commissions and other Compensation paid all employees.  I. Actual Tax Withheld at 1.000 %.  I. Actual Tax Withheld at 1.000 Feriod.  I. Adjustments of Tax for Prior Period.  I. Total (Include Interest and Penalty if Due).  Name  And		Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2024  MAKE CHECK OR MONEY ORDER TO: VILLAGE OF HICKSVILLE/SHERWOOD 111 S. Main St Hicksville OH 43526  Voice 419-542-8621  Fax 419-542-2018

	lal			
Number of Taxable Employees	1		ax Year 2024	
Total Salaries, Wages, Commissions and other     Compensation paid all employees	2	I hereby certify that the	ne information and statements contained he es or exhibits attached are true and correct.	
		Signed		
. Taxable Earnings (from line 2)	3	Title	Date	
. Actual Tax Withheld at 1.000 %		Phone #		
. Adjustments of Tax for Prior Period			N MUST BE FILED ON	
,,			JULY 15, 2024	
			CK OR MONEY ORDER TO:	
. Total (Include Interest and Penalty if Due)				
		VILLAGE OF HICKSVILLE/SHERWOOD  111 S. Main St		
Name			Hicksville OH 43526	
And		Voice 419-542-	8621 Fax 419-542-2018	
Address		Period Ending J	UNE	
		TAX ID  NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY		
-ORM W1 1495 EMPL	OYER'S WITHHOLDING -	MONTHLY		
. Number of Taxable Employees	1	I hereby certify that the		
. Number of Taxable Employees	1	I hereby certify that the in and in any schedule	ne information and statements contained he es or exhibits attached are true and correct	
. Number of Taxable Employees	1	I hereby certify that the in and in any schedules	ne information and statements contained he es or exhibits attached are true and correct	
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other ompensation paid all employees.  Taxable Earnings (from line 2).	1 2	I hereby certify that the in and in any schedules	ne information and statements contained he es or exhibits attached are true and correct	
Number of Taxable Employees. Total Salaries, Wages, Commissions and other compensation paid all employees.  Taxable Earnings (from line 2). Actual Tax Withheld at 1.000 %.	1 2 3 4	I hereby certify that the in and in any schedules	e information and statements contained he es or exhibits attached are true and correct  Date	
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 %.	1 2 3 4	I hereby certify that the in and in any schedule Signed	e information and statements contained he es or exhibits attached are true and correct  Date	
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 %.	1 2 3 4	I hereby certify that the in and in any schedule Signed	e information and statements contained he es or exhibits attached are true and correct  Date	
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.	1 2 3 4 5	I hereby certify that the in and in any schedule Signed	e information and statements contained he es or exhibits attached are true and correct  Date  NMUST BE FILED ON	
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 %.	1 2 3 4 5	I hereby certify that the in and in any schedule Signed	Date  RN MUST BE FILED ON  AUGUST 15, 2024	
Number of Taxable Employees. Total Salaries, Wages, Commissions and other compensation paid all employees.  Taxable Earnings (from line 2). Actual Tax Withheld at 1.000 %.	1 2 3 4 5	I hereby certify that the in and in any schedule Signed	Date  N MUST BE FILED ON AUGUST 15, 2024  CK OR MONEY ORDER TO:	
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).	1 2 3 4 5	I hereby certify that the in and in any schedule Signed	Date	
Number of Taxable Employees. Total Salaries, Wages, Commissions and other compensation 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).	1 2 3 4 5	I hereby certify that the in and in any schedule Signed	Date	
Number of Taxable Employees. Total Salaries, Wages, Commissions and other compensation 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).	1 2 3 4 5	I hereby certify that the in and in any schedule Signed	Date  Date  N MUST BE FILED ON  AUGUST 15, 2024  CK OR MONEY ORDER TO:  OF HICKSVILLE/SHERWOOD  111 S. Main St	
. Number of Taxable Employees Total Salaries, Wages, Commissions and other compensation 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	1 2 3 4 5	I hereby certify that the in and in any schedule Signed	Date	
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other compensation paid all employees.  Taxable Earnings (from line 2).  Actual Tax Withheld at 1.000 %.  Adjustments of Tax for Prior Period.	1 2 3 4 5	I hereby certify that the in and in any schedule Signed	Date	

1. Number of Taxable Employees			
T-t-1 C-1 Warran Commissions and other	Tax Year 2024		
Compensation paid all employees	I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and corre		
	Signed		
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 SEPTEMBER 15, 2024		
	MAKE CHECK OR MONEY ORDER TO		
. Total (Include Interest and Penalty if Due)	VILLAGE OF HICKSVILLE/SHERWOOD		
	111 S. Main St		
Name	Hicksville OH 43526		
And	Voice 419-542-8621 Fax 419-542-201		
Address	Period Ending AUGUST		
	TAX ID		
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.		
	HOLDING - MONTHLY		
2. Total Salaries, Wages, Commissions and other	Tax Year 2024		
2. Total Salaries, Wages, Commissions and other	Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and corre		
Total Salaries, Wages, Commissions and other	Tax Year 2024  I hereby certify that the information and statements contained h		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and corre		
Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correscing Signed		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correspond to the statement of the stat		
Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and corresting to the state of the state		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correspond Title Date  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2024		
Total Salaries, Wages, Commissions and other compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correspond Title Date  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2024		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correspond in any schedules or exhibits attached are true any schedules or exhibits attached are true any schedules or exhibits attached are true any schedules or exhibits a		
Total Salaries, Wages, Commissions and other compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correspond to the state of the schedules or exhibits attached are true and correspond to the schedules or exhib		
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Total Salaries, Wages, Commissions and other compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correspond in an and in any schedules or exhibits attached are true and correspond in an an analysis of the interest		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correspond to the state of the schedules or exhibits attached are true and correspond to the schedules or exhib		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2024  I hereby certify that the information and statements contained hin and in any schedules or exhibits attached are true and correspond in and in any schedules or exhibits attached are true and correspond in any schedules or exhibits attached are true and corresponding to the interest of t		
Name And	Tax Year 2024  I hereby certify that the information and statements cor in and in any schedules or exhibits attached are true at Signed  Title		

	1.1			
1. Number of Taxable Employees			Tax Year	2024
. Total Salaries, Wages, Commissions and other Compensation paid all employees	2		certify that the information	and statements contained he attached are true and correct
		Signer	1	
Taxable Earnings (from line 2)	3	Title		Date
Actual Tax Withheld at 1.000 %			· #	Dato
Adjustments of Tax for Prior Period			S RETURN MUST	BE FILED ON
,			BEFORE NOVEMBE	
				ONEY ORDER TO:
Total (Include Interest and Penalty if Due)		1017		
			VILLAGE OF HICKSVILLE/SHERWOOD  111 S. Main St	
Name			Hicksville O	
And		Voic	e 419-542-8621	Fax 419-542-2018
Address			- " 0070050	
Address		Period E	Ending OCTOBER	
		TAX ID		
		NOTIFY INCOME TAX DEPARTMENT PRO	OMPTLY OF ANY CHANGE IN OWNE	ERSHIP OR NAME AND ADDRESS.
Number of Taxable Employees	LOYER'S WITHHOLDING -	WONTHET	Tax Year	
omponoation paid all omployood	2		certify that the information	and statements contained he
mponoation paid all omproyees.	2	in and in	certify that the information any schedules or exhibits	and statements contained he attached are true and correct
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Taxable Earnings (from line 2)	3	in and in Signed	certify that the information any schedules or exhibits	and statements contained h attached are true and correc
Taxable Earnings (from line 2)	3 4	in and in Signed Title_ Phone	certify that the information any schedules or exhibits	and statements contained hattached are true and correct Date Date
Taxable Earnings (from line 2)	3 4	in and in Signed Title Phone	certify that the information any schedules or exhibits  #  S RETURN MUST	and statements contained h attached are true and correc  Date  BE FILED ON
Taxable Earnings (from line 2)	3 4	in and in Signed Title Phone THI OR	#S RETURN MUST BEFORE DECEMBE	and statements contained h attached are true and correct  Date  BE FILED ON R 15, 2024
Taxable Earnings (from line 2)	3 4 5	in and in Signed Title Phone THI OR	certify that the information any schedules or exhibits  #  S RETURN MUST BEFORE DECEMBE  AKE CHECK OR M	Date  BE FILED ON  R 15, 2024  ONEY ORDER TO:
Taxable Earnings (from line 2)	3 4 5	in and in Signed Title Phone THI OR	#S RETURN MUST BEFORE DECEMBE	Date  BE FILED ON TR 15, 2024  ONEY ORDER TO:
Taxable Earnings (from line 2)	3 4 5	in and in Signed Title Phone THI OR	s RETURN MUST BEFORE DECEMBE AKE CHECK OR M VILLAGE OF HICKSV 111 S. M	Date  DATE
Taxable Earnings (from line 2)	3 4 5	in and in Signed Title Phone THI OR	#  S RETURN MUST BEFORE DECEMBE AKE CHECK OR M VILLAGE OF HICKSV	Date  DATE
Taxable Earnings (from line 2)	3 4 5	in and in Signed Title Phone THI OR	s RETURN MUST BEFORE DECEMBE AKE CHECK OR M VILLAGE OF HICKSV 111 S. M	Date
Taxable Earnings (from line 2)	3 4 5	in and in Signed Title_Phone THI OR M/	s RETURN MUST BEFORE DECEMBE AKE CHECK OR M VILLAGE OF HICKSV 111 S. M Hicksville O	Date  DATE
Taxable Earnings (from line 2)	3 4 5	in and in Signed Title_Phone THI OR M/	# S RETURN MUST BEFORE DECEMBE AKE CHECK OR M VILLAGE OF HICKSV 111 S. M Hicksville O	Date  Date  BE FILED ON  R 15, 2024  ONEY ORDER TO  JULE/SHERWOOD  Jain St H 43526  Fax 419-542-2018
Taxable Earnings (from line 2)	3 4 5	in and in Signed Title_Phone THI OR M/	s RETURN MUST BEFORE DECEMBE AKE CHECK OR M VILLAGE OF HICKSV 111 S. M Hicksville O	Date  DATE

FORM W1 1495	EMPLOYER'S WITHHOLDING -	MONTHLY		
Number of Taxable Employees	ner		Tax Year I hereby certify that the information in and in any schedules or exhibits	and statements contained here
			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 RETURN MUST	BE FILED ON
			OR BEFORE JANUARY	7 15, 2025
6. Total (Include Interest and Penalty if Due)	6		MAKE CHECK OR M VILLAGE OF HICKSV 111 S. M	/ILLE/SHERWOOD
Name			Hicksville C	)H 43526
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