FORM W1 1495 EM	IPLOYER'S WITHHOLDING - QUA	RTERLY		
Number of Taxable Employees				2024 and statements contained here attached are true and correct.
		Sign	ed	
3. Taxable Earnings (from line 2)	3	Title		Date
4. Actual Tax Withheld at 1.000 %	4	Phor	ne #	
5. Adjustments of Tax for Prior Period	5		IS RETURN MUST BEFORE APRIL	
6. Total (Include Interest and Penalty if Due)	6		MAKE CHECK OR M VILLAGE OF HICKSV 111 S. M	ILLE/SHERWOOD
Name			Hicksville OH 43526	
And		Vo	ice 419-542-8621	Fax 419-542-2018

Address

Period Ending JAN-FEB-MAR

TAX ID

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

Number of Taxable Employees	1				
Number of Taxable Employees		Tax Year 2024			
Compensation paid all employees	2	I hereby certify that the information and statem in and in any schedules or exhibits attached at			
		Signed			
Taxable Earnings (from line 2)	. 3	Title Da	te		
Actual Tax Withheld at 1.000 %	. 4	Phone #			
Adjustments of Tax for Prior Period	. 5	THIS RETURN MUST BE FI	LED ON		
		OR BEFORE JULY 31, 202	24		
T	6	MAKE CHECK OR MONEY	ORDER TO:		
Total (Include Interest and Penalty if Due)	.[0]	VILLAGE OF HICKSVILLE/SHE	RWOOD		
		111 S. Main St			
Name		Hicksville OH 43526			
And		Voice 419-542-8621 Fax	419-542-2018		
Addross					
Address		Period Ending APR-MAY-JUN	Period Ending APR-MAY-JUN		
		TAX ID			
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.			
FORM W1 1495 FMPI OYER'S	WITHHOL DI	IG - QUARTERI Y			
Number of Taxable Employees	1	IG - QUARTERLY Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at			
Number of Taxable Employees	1	Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at	e true and correc		
Number of Taxable Employees	2	Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at Signed	e true and correc		
Number of Taxable Employees. Total Salaries, Wages, Commissions and other ompensation paid all employees. Taxable Earnings (from line 2).	2	Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at Signed Title	e true and correc		
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 %.	2 3 4	Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at Signed Title	te true and correcte		
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 %.	2 3 4	Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at Signed Title Date Phone # THIS RETURN MUST BE FITE	te true and correcte		
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 %.	2 3 4	Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at Signed Title	teED ON 2024		
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.	2 3 4	Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at Signed Title	te LED ON 2024 ORDER TO:		
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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).	3 . 4 . 5	Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at Signed Title	te true and correction LED ON 2024 ORDER TO:		
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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	Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at Signed Title	te true and corrective LED ON 2024 ORDER TO:		
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	3 . 4 . 5	Tax Year 2024 I hereby certify that the information and stater in and in any schedules or exhibits attached at Signed Title Date of the series of the seri	te true and corrective LED ON 2024 ORDER TO:		
. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 3. Actual Tax Withheld at 1.000 %. 3. Adjustments of Tax for Prior Period.	3 . 4 . 5	Tax Year 2024 I hereby certify that the information and statem in and in any schedules or exhibits attached at Signed Title	TED ON 2024 DRDER TO: RWOOD		

FORM W1 1495 EMPL	OYER'S WITHHOLDING - QU	JARTERLY		
Number of Taxable Employees			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 OR BEFORE JANUARY	BE FILED ON
6. Total (Include Interest and Penalty if Due)	6		MAKE CHECK OR M VILLAGE OF HICKSV 111 S. M	/ILLE/SHERWOOD
Name			Hicksville C	
And			Voice 419-542-8621	Fax 419-542-2018

Period Ending OCT-NOV-DEC

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

TAX ID

Address