



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

NAME

ADDRESS

Tax Year _____
 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 FEBRUARY 15, _____**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY

INCOME TAX DEPT

7149 RIDGE ROAD

CINCINNATI OH 45237

Voice 513-531-0130 Ext

Fax 513-531-8154

Period Ending JANUARY

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

NAME

ADDRESS

Tax Year _____
 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, _____**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY

INCOME TAX DEPT

7149 RIDGE ROAD

CINCINNATI OH 45237

Voice 513-531-0130 Ext

Fax 513-531-8154

Period Ending FEBRUARY

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

NAME

ADDRESS

Tax Year _____
 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 APRIL 15, _____**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY

INCOME TAX DEPT

7149 RIDGE ROAD

CINCINNATI OH 45237

Voice 513-531-0130 Ext

Fax 513-531-8154

Period Ending MARCH

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

NAME
ADDRESS

Tax Year _____

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 MAY 15, _____

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY
INCOME TAX DEPT
7149 RIDGE ROAD
CINCINNATI OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

Period Ending APRIL

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

NAME
ADDRESS

Tax Year _____

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 JUNE 15, _____

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY
INCOME TAX DEPT
7149 RIDGE ROAD
CINCINNATI OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

Period Ending MAY

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

NAME
ADDRESS

Tax Year _____

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 JULY 15, _____

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY
INCOME TAX DEPT
7149 RIDGE ROAD
CINCINNATI OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

Period Ending JUNE

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

NAME

ADDRESS

Tax Year _____

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 AUGUST 15, _____

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY
 INCOME TAX DEPT
 7149 RIDGE ROAD
 CINCINNATI OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

Period Ending JULY

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

NAME

ADDRESS

Tax Year _____

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 SEPTEMBER 15, _____

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY
 INCOME TAX DEPT
 7149 RIDGE ROAD
 CINCINNATI OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

Period Ending AUGUST

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

NAME

ADDRESS

Tax Year _____

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 OCTOBER 15, _____

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY
 INCOME TAX DEPT
 7149 RIDGE ROAD
 CINCINNATI OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

Period Ending SEPTEMBER

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year _____

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 NOVEMBER 15, _____**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY
INCOME TAX DEPT
7149 RIDGE ROAD
CINCINNATI OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

NAME

ADDRESS

Period Ending OCTOBER

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year _____

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 DECEMBER 15, _____**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY
INCOME TAX DEPT
7149 RIDGE ROAD
CINCINNATI OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

NAME

ADDRESS

Period Ending NOVEMBER

TAX ID _____

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest: 0.50% per month.....	6	
7. Penalty 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year _____

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 JANUARY 15, _____**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF AMBERLEY
INCOME TAX DEPT
7149 RIDGE ROAD
CINCINNATI OH 45237

Voice 513-531-0130 Ext Fax 513-531-8154

NAME

ADDRESS

Period Ending DECEMBER

TAX ID _____

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