FORM W1 1320	EMPLOYER'S WITHHOLDING - MONTHLY	00001
1. Number of Taxable Employees		t today bitter today today today today been being being being being being bitter tibe tibe tibe tibe tibe tibe
2. Total Salaries, Wages, Commissions		Tax Year I hereby certify that the information and statements contained here
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		Date
4. Actual Tax Withheld at 2,000 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest: 0.50% per month	<u>6</u> 7	OR BEFORE FEBRUARY 15,
Penalty 50% Total (Include Interest and Penalty if I		MAKE CHECK OR MONEY ORDER TO:
o. Total (molde interest and renatly in	Duej	VILLAGE OF AMBERLEY
NAME		INCOME TAX DEPT 7149 RIDGE ROAD
		CINCINNATI OH 45237
ADDRESS		Voice 513-531-0130 Ext Fax 513-531-8154
		1 4 4 6 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6
		Period Ending JANUARY
		TAX ID
	MATINI	
•	NOTIFY	INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1320	EMPLOYER'S WITHHOLDING - MONTHLY	
1. Number of Taxable Employees	1	00002
2. Total Salaries, Wages, Commissions	and other Compensation	Tax Year I hereby certify that the information and statements contained here
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 2.000 %	<u> </u>	Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. Interest: 0.50% per month	6	OR BEFORE MARCH 15,
7. Penalty 50%		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if I	Due)	VILLAGE OF AMBERLEY
NAME		INCOME TAX DEPT
NAME		7149 RIDGE ROAD
ADDRESS		CINCINNATI OH 45237
		Voice 513-531-0130 Ext Fax 513-531-8154
		Period Ending FEBRUARY
		· ·
		TAX ID
	NOTIFY II	NCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1320	EMPLOYER'S WITHHOLDING - MONTHLY	00003 1 HAND BUILD HEN HEN HAND HIR HAND WITH BUILD HER HAND HAND HEN HAND HAND HEN HAND HAND
	T.T	
 Number of Taxable Employees. Total Salaries, Wages, Commissions 		Tax Year
paid all employees	' I I	I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct,
3, Taxable Earnings (from line 2)	3	Signed Date
4. Actual Tax Withheld at 2,000 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest: 0.50% per month		OR BEFORE APRIL 15,
7. Penalty 50%	<u>/ </u>	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if D	Due)	VILLAGE OF AMBERLEY
		INCOME TAX DEPT
NAME		7149 RIDGE ROAD
		7 149 RIDGE ROAD
ADDRESS		CINCINNATI OH 45237

Period Ending MARCH

TAX ID

FORM W1 1320 EMPLOYER	'S WITHHOLDING - MONTHLY	00004	
1. Number of Taxable Employees			#166
2. Total Salaries, Wages, Commissions and other Compensatio		Tax Year I hereby certify that the information and statements	contained here
paid all employees	• 2	in and in any schedules or exhibits attached are tru	
		Signed	
3. Taxable Earnings (from line 2)	3		
4. Actual Tax Withheld at 2.000 %		Phone #	
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED	ON
6, Interest: 0,50% per month	. 6	OR BEFORE MAY 15,	_
6, Interest: 0.50% per month	[7]	MAKE CHECK OR MONEY OR	DER TO:
8. Total (Include Interest and Penalty if Due)	[8]	VILLAGE OF AMBERLEY	
		INCOME TAX DEPT	
NAME		7149 RIDGE ROAD	
ADDRESS		CINCINNATI OH 45237	
		Voice 513-531-0130 Ext Fax 5	13-531-8154
		Period Ending APRIL	
		TAX ID	
	NOTIFY IN	NCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME A	ND ADDRESS.
		I MARIE BUILD HAVE BUILD HAVE AND HAVE AND	
FORM W1 1320 EMPLOYER	'S WITHHOLDING - MONTHLY	00005	
1. Number of Taxable Employees		Tax Year	###
2. Total Salaries, Wages, Commissions and other Compensation	1 I	I hereby certify that the information and statements	contained here
paid all employees	2	in and in any schedules or exhibits attached are tru	
		Signed	
3. Taxable Earnings (from line 2)	3	Title Date	
4. Actual Tax Withheld at 2.000 %		Phone #	
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED	ON
6. Interest: 0.50% per month.	. 6	OR BEFORE JUNE 15,	
7. Penalty 50%	.[/]	MAKE CHECK OR MONEY OR	
8. Total (Include Interest and Penalty if Due)	.[8]	VILLAGE OF AMBERLEY	DLIV 10.
		INCOME TAX DEPT	
NAME		7149 RIDGE ROAD	
ADDDECC		CINCINNATI OH 45237	
ADDRESS		Voice 513-531-0130 Ext Fax 5	13-531-8154
		Period Ending MAY	
		TAX ID	
	NOTIFY IN	NCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME A	AND ADDRESS.
FORM W1 1320 EMPLOYER	'S WITHHOLDING - MONTHLY	00006	
1. Number of Taxable Employees	. 1		ABBA IIIR BA ud II bio B ar II
2. Total Salaries, Wages, Commissions and other Compensation		Tax Year I hereby certify that the information and statements	contained here
paid all employees	. 2	in and in any schedules or exhibits attached are tru-	
		Signed	
3. Taxable Earnings (from line 2)	. 3	Title Date	
4. Actual Tax Withheld at 2.000 %		Phone #	
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED	ON
6. Interest: 0.50% per month	. 6	OR BEFORE JULY 15,	
7. Penalty 50%		MAKE CHECK OR MONEY OR	
8. Total (Include Interest and Penalty if Due)	. 8	VILLAGE OF AMBERLEY	<u>per 10.</u>
		INCOME TAX DEPT	
NAME		7149 RIDGE ROAD	
		CINCINNATI OH 45237	
ADDRESS		Voice 513-531-0130 Ext Fax 5	13-531-8154

Period Ending JUNE

TAX ID

FORM W1 1320 EM	PLOYER'S WITHHOLDING - MONTHLY	00007
1. Number of Taxable Employees	1	
Total Salaries, Wages, Commissions and other Co paid all employees		I hereby certify that the information and statements contained here
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 2.000 % 5. Adjustments of Tax for Prior Period		Phone #THIS RETURN MUST BE FILED ON
6 Interest: 0.50% per month	[6]	OR BEFORE AUGUST 15,
7. Penalty 50%	7	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	VILLAGE OF AMBERLEY
		INCOME TAX DEPT
NAME		7149 RIDGE ROAD
ADDRESS		CINCINNATI OH 45237
		Voice 513-531-0130 Ext Fax 513-531-8154
		Period Ending JULY
		•
		TAX ID
	NOTIFY INCOME	ETAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS,
FORM W1 1320 EM	PLOYER'S WITHHOLDING - MONTHLY	00008
1. Number of Taxable Employees		
2. Total Salaries, Wages, Commissions and other Col		Tax Year I hereby certify that the information and statements contained here
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 2.000 %		Phone #
Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
7. Penalty 50%	7	OR BEFORE SEPTEMBER 15,
8. Total (Include Interest and Penalty if Due)		MAKE CHECK OR MONEY ORDER TO: VILLAGE OF AMBERLEY
		INCOME TAX DEPT
NAME		7149 RIDGE ROAD
ADDRESS		CINCINNATI OH 45237
		Voice 513-531-0130 Ext Fax 513-531-8154
		Dorland Finding ALICUST
		Period Ending AUGUST
		TAX ID
	NOTIFY INCOME	TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1320 EMI	PLOYER'S WITHHOLDING - MONTHLY	
1. Number of Taxable Employees		
2. Total Salaries, Wages, Commissions and other Cor	npensation	Tax Year I hereby certify that the information and statements contained here
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 2.000 %	4	Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest: 0.50% per month		OR BEFORE OCTOBER 15,
8. Total (Include Interest and Penalty if Due)		MAKE CHECK OR MONEY ORDER TO:
		VILLAGE OF AMBERLEY
NAME		INCOME TAX DEPT 7149 RIDGE ROAD
ADDRESS		CINCINNATI OH 45237

Period Ending SEPTEMBER

FORM W1 1320	EMPLOYER'S WITHHOLDING - MONTHLY	00010
1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions	s and other Compensation	I hereby certify that the information and statements contained he
paid all employees		in and in any schedules or exhibits attached are true and correct
		Signed
3. Taxable Earnings (from line 2)	3	Date
4. Actual Tax Withheld at 2.000 %		Phone #
5. Adjustments of Tax for Prior Period.		THIS RETURN MUST BE FILED ON
6, Interest: 0.50% per month		OR BEFORE NOVEMBER 15,
7. Penalty 50%	(Dus) 8	MAKE CHECK OR MONEY ORDER TO:
5. Total (include interest and Fehalty ii		VILLAGE OF AMBERLEY
IAME		INCOME TAX DEPT
IAME		7149 RIDGE ROAD CINCINNATI OH 45237
DDRESS		Voice 513-531-0130 Ext Fax 513-531-815
		Voice 010-001-0100 Ext. 1 ax 010-001-010
		Period Ending OCTOBER
		_
		TAX ID
	NOTIFY IF	INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1320	EMPLOYER'S WITHHOLDING - MONTHLY	
Number of Taxable Employees		00011
 Number of Taxable Employees Total Salaries, Wages, Commissions 		Tax Year
oaid all employees		I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
		1
3. Taxable Earnings (from line 2)		Signed Date
4. Actual Tax Withheld at 2.000 %	<u></u>	
5. Adjustments of Tax for Prior Period.		Phone # THIS RETURN MUST BE FILED ON
3 Interest: 0.50% per month	6	OR BEFORE DECEMBER 15,
7. Penalty 50%		MAKE CHECK OR MONEY ORDER TO:
3. Total (Include Interest and Penalty if	Due)	VILLAGE OF AMBERLEY
		INCOME TAX DEPT
AME		7149 RIDGE ROAD
		CINCINNATI OH 45237
DDRESS		Voice 513-531-0130 Ext Fax 513-531-815
		Period Ending NOVEMBER
		TAX ID
	NOTIFY II	NCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1320	EMPLOYER'S WITHHOLDING - MONTHLY	00012
Number of Taxable Employees		. (the star mittel hant sales) the are (the pear sent sent sent sent sent state time time time in
2. Total Salaries, Wages, Commissions	s and other Compensation	Tax Year
2. Total Salaries, Wages, Commissions	s and other Compensation	. (the star mittel hant sales) the are (the pear sent sent sent sent sent state time time time in
. Total Salaries, Wages, Commissions	s and other Compensation	Tax Year I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
. Total Salaries, Wages, Commissions aid all employees	s and other Compensation 2	I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
t. Total Salaries, Wages, Commissions aid all employees	s and other Compensation 2	Tax Year I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
t. Total Salaries, Wages, Commissions aid all employees	3 4 5	Tax Year I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title Date
Total Salaries, Wages, Commissions aid all employees	3 4 5 6	Tax Year I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title Date Date Phone #
. Total Salaries, Wages, Commissions aid all employees	3	Tax Year I hereby certify that the information and statements contained he 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,
Total Salaries, Wages, Commissions aid all employees	3 4 5 6 7 7	Tax Year I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title Date Phone # THIS RETURN MUST BE FILED ON
Total Salaries, Wages, Commissions aid all employees	3	Tax Year I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title
2. Total Salaries, Wages, Commissions and all employees	3	Tax Year I hereby certify that the information and statements contained he 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
1. Number of Taxable Employees	3	Tax Year I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title

TAX ID _____

Period Ending DECEMBER