

FORM W1 1320

EMPLOYER'S WITHHOLDING - QUARTERLY

00001



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 30, _____

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 JAN-FEB-MAR

TAX ID: _____

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

FORM W1 1320

EMPLOYER'S WITHHOLDING - QUARTERLY

00002



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 31, _____

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 APR-MAY-JUN

TAX ID: _____

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

FORM W1 1320

EMPLOYER'S WITHHOLDING - QUARTERLY

00003



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 31, _____

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 JUL-AUG-SEP

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 31, _____**

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 OCT-NOV-DEC

TAX ID: _____

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