

TELEPHONE
937-231-1234

VILLAGE OF HOPEDALE
INCOME TAX DEPARTMENT
HOPEDALE, OHIO 43976

Employer's Quarterly Return of Income Tax Withheld

Place Label Here

Federal Employer
Identification
No. _____

For Quarter Ended:

(Month)
(Year)

- 1. Total wages subject to withholding... \$ _____
- 2. Amount of taxes withheld... \$ _____
- 3. Adjustments for previous months of calendar year-- attach statement.... \$ _____
- 4. Balance due and paid herewith-- (Line 1 plus or minus

For Office Use Only

Line 3)...

Make Check or Money Order Payable to: Village of Hopedale, Ohio

And mail to: Village of Hopedale
Income Tax Department
P. O. Box 476
Hopedale, Ohio 43976

I have examined this return and to the best of my knowledge it is correct.

(Signature)
(Date)

(Title, if applicable)