

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 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Name

And

Address

Tax Year 2013

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 28, 2013**

MAKE CHECK OR MONEY ORDER TO:
OWENSVILLE TAX DEPARTMENT
P.O. Box 490
Owensville OH 45160

Voice 513-732-1171

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 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Name
And
Address

Tax Year 2013

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 31, 2013**

MAKE CHECK OR MONEY ORDER TO:
OWENSVILLE TAX DEPARTMENT
P.O. Box 490
Owensville OH 45160

Voice 513-732-1171

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 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Name
And
Address

Tax Year 2013

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, 2013**

MAKE CHECK OR MONEY ORDER TO:
OWENSVILLE TAX DEPARTMENT
P.O. Box 490
Owensville OH 45160

Voice 513-732-1171

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 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Name
And
Address

Tax Year 2013

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 30, 2013**

MAKE CHECK OR MONEY ORDER TO:
OWENSVILLE TAX DEPARTMENT
P.O. Box 490
Owensville OH 45160

Voice 513-732-1171

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 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Name

And

Address

Tax Year 2013

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 30, 2013**

MAKE CHECK OR MONEY ORDER TO:
 OWENSVILLE TAX DEPARTMENT
 P.O. Box 490
 Owensville OH 45160

Voice 513-732-1171

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 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Name

And

Address

Tax Year 2013

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 30, 2013**

MAKE CHECK OR MONEY ORDER TO:
 OWENSVILLE TAX DEPARTMENT
 P.O. Box 490
 Owensville OH 45160

Voice 513-732-1171

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 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Name

And

Address

Tax Year 2013

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 31, 2013**

MAKE CHECK OR MONEY ORDER TO:
 OWENSVILLE TAX DEPARTMENT
 P.O. Box 490
 Owensville OH 45160

Voice 513-732-1171

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 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Name

And

Address

Tax Year 2013

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 30, 2013

MAKE CHECK OR MONEY ORDER TO:

OWENSVILLE TAX DEPARTMENT

P.O. Box 490

Owensville OH 45160

Voice 513-732-1171

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 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Name

And

Address

Tax Year 2013

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, 2013

MAKE CHECK OR MONEY ORDER TO:

OWENSVILLE TAX DEPARTMENT

P.O. Box 490

Owensville OH 45160

Voice 513-732-1171

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 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Name

And

Address

Tax Year 2013

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 30, 2013

MAKE CHECK OR MONEY ORDER TO:

OWENSVILLE TAX DEPARTMENT

P.O. Box 490

Owensville OH 45160

Voice 513-732-1171

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 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Total (Include Interest and Penalty if Due).....	6	

Name

And

Address

Tax Year 2013

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 31, 2013
MAKE CHECK OR MONEY ORDER TO:
OWENSVILLE TAX DEPARTMENT
P.O. Box 490
Owensville OH 45160
Voice 513-732-1171

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 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Total (Include Interest and Penalty if Due).....	6	

Name

And

Address

Tax Year 2013

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, 2014
MAKE CHECK OR MONEY ORDER TO:
OWENSVILLE TAX DEPARTMENT
P.O. Box 490
Owensville OH 45160
Voice 513-732-1171

Period Ending **DECEMBER**

TAX ID

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

Tax Year 2012

OWENSVILLE TAX DEPARTMENT

FORM W3 1276
EMPLOYER'S
WITHHOLDING
RECONCILIATION

P.O. Box 490
Owensville OH 45160

Voice 513-732-1171

DUE DATE

Name
And
Address

FEDERAL ID NUMBER _____
NAME OF PERSON COMPLETING FORM _____
LOCAL PHONE NUMBER _____
NUMBER OF EMPLOYEES LISTED _____

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to Owensville Tax Department, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

<u>Period</u>	<u>(1) Gross Payroll</u>	<u>(2) Payroll Not Subject to Tax</u>	<u>(3) Payroll Subject to Tax</u>	<u>(4) Tax Due</u>	<u>(5) Tax Paid Per Your Records</u>
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____

**BUSINESS - 2012
INCOME TAX RETURN
OWENSVILLE**

Fiscal Period _____ to _____

MAKE CHECK OR MONEY ORDER TO:
OWENSVILLE TAX DEPARTMENT

P.O. Box 490
Owensville OH 45160

Voice 513-732-1171
cfarmervillageofowensville@org

Federal ID#
Business Telephone No.
Principal Business Activity NAICS Code
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / / OUT OF / /
CHECK ONE
<input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION
<input type="checkbox"/> OTHER _____

Name _____

And _____

Address _____

1 Total taxable income	1	
2 Adjustments (See Schedule X)	2	
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4 Allocation percentage (See Schedule Y)	4	%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward	6	
7 Owensville Taxable income (Line 5 minus Line 6)	7	
8 Owensville income tax (Multiply line 7 by 1.000%)	8	
9 Credits applied from previous year(s) to this year's liability	9	
10 Estimates paid on this year's liability	10	
11 Other credits	11	
12 Total credits (Total line 9, 10 and 11)	12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 1.01	13	
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)	16	
17 Overpayment (Issued if greater than 1.01)	17	
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

Declaration of Estimate For 2013

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 1.000%)	21	
22 Less credits (from 19 above)	22	
23 Net estimated tax due (subtract line 22 from line 21)	23	
24 Minimum amount due for first quarter (Multiply line 23 by 25%)	24	

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
---	----	--

Tax Office Use Only: Tax Office Use Only: Tax Office Use Only

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____

May VILLAGE OF OWENSVILLE discuss this return with the preparer shown above ___ Yes ___ No

INDIVIDUAL - 2012
INCOME TAX RETURN
OWENSVILLE
Due Date 04/15/2013

MAKE CHECK OR MONEY ORDER TO:
OWENSVILLE TAX DEPARTMENT
P.O. Box 490
Owensville OH 45160
Voice 513-732-1171
cfarmervillageofowensville@org

Taxpayer's Social Security No.
Home Telephone No. Business Telephone No.
Spouse's Social Security No.
Spouse's Name
Home Telephone No. Business Telephone No.

Name
And
Address
Filing Status
Single
Married filing joint
Married filing separate
RESIDENT
NON-RESIDENT
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
INTO / /
OUT OF / /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION
NAME
ADDRESS

Income
1 Wages, salaries, tips, etc.
2 Other taxable income
3 Total taxable income (add lines 1 and 2)

Tax and Credits
4 Owensville tax due before credits (1.000% of line 3)
5 Estimated tax payments made to Owensville
6 Taxes withheld and paid to Owensville
7 Overpayment from prior year(s)
8 Taxes withheld and paid to other localities
Credit cannot exceed 0.00% of tax withheld up to 1.00% of income earned in each location.
9 Total credits (add lines 5 through 8)

Refund (Issued if greater than 1.01)
10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid
11 Amount of line 10 to be credited to next years estimate
12 Amount of line 10 to be refunded

Tax Due (if greater than 1.01)
13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe
14 Penalties and interest Late File Late Pay Late Estimate Interest

Declaration of Estimate For 2013
15 Estimated income
16 Estimated tax due. Multiply line 15 by 1.000%
17 Taxes to be withheld and paid to Owensville and other localities
18 Prior credit applied to estimated tax payments (From line 11)
19 Net estimated tax due (subtract line 17 and 18 from 16)
20 Minimum amount due for first quarter (multiply line 19 by .25)

Amount You Owe
21 Total amount due (add lines 13, 14 and 20)

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

Taxpayer's Signature Date
Spouse's Signature Date
Tax Preparer's Signature Date
(If other than taxpayer) Phone No.

May VILLAGE OF OWENSVILLE discuss this return with the preparer shown above Yes No