

Form W-1
Village of West Alexandria Tax Dept.

Employer's Return of Tax Withheld

Company Name:

Address:

City:

State & Zip:

FEIN:

I hereby certify that the information and statements contained herein are true and correct.

(signed)_____

(official Title)_____

Date

MAKE CHECK OR MONEY ORDER PAYABLE TO:

VILLAGE OF WEST ALEXANDRIA, OH.- INCOME TAX

Notify Income Tax Department promptly of any change in ownership or name and address change

MAIL TO: Village of West Alexandria
Income Tax Department
16 North Main Street
West Alexandria, Ohio 45381

	<u>Dollars</u>	<u>Cents</u>
1. Taxable Earnings paid all Employees subject to West Alexandria 1.00% Income tax \$	_____	_____
2. Actual Tax Withheld in Period for Income Tax \$	_____	_____
3. Adjustment of Tax for Period(see instructions) \$	_____	_____
4. Interest \$	_____	_____
5. Total(include penalty and interest if due) \$	_____	_____

FOR MONTHS OF _____

DUE ON OR BEFORE _____