

VILLAGE OF GREEN SPRINGS – DIVISION OF TAXATION
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

I hereby certify that the information and statements contained
herein and in any schedules or exhibits attached are true and correct.

(Signed).....

(Official Title).....

Owner, Partner, Member, President, Treasurer, Agent. Date

THIS RETURN MUST BE FILED ON OR BEFORE
DATE DUE AS SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION-
VILLAGE OF GREEN SPRINGS"

1 Tax Withheld For Green Springs **1%**
in quarter at

2 Adjustment of tax for prior quarter

3 Interest (1½% per month)

4 Penalty (6% or \$50.00 Min. per month)
(See Reverse Side of Taxpayer's Copy)

5 Total (Include interest and penalty if due)

\$	
\$	

Notify Commissioner promptly of any change in Ownership or name and address shown.

FOR QUARTER ENDING

MAIL TO:
COMMISSIONER OF TAXATION
VILLAGE OF GREEN SPRINGS
P. O. Box 536
Green Springs, Ohio 44836

If receipt is desired, return Taxpayer's Copy of this
form and enclose self-addressed, stamped envelope.