

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

1. Taxable Earnings paid all Employees subject to Village of Lisbon income tax.

	DOLLARS	CENTS
\$		
\$		
6. Total	\$	

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

(Signed) _____

(Official Title) _____

Date

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

MAKE CHECK OR MONEY ORDER PAYABLE TO VILLAGE OF LISBON INCOME TAX DEPT.

TAX RATE TWO PERCENT (2.0%)

REMIT TO: LISBON INCOME TAX DEPARTMENT
203 N. MARKET ST.
LISBON, OH 44432

COMPANY NAME/ADDRESS:

FOR MONTHS OF

DUE ON OR BEFORE

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

If receipt is desired, return Taxpayer's Copy of this form and enclose self-addressed, stamped envelope. **W-1**

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