FORM W1 1264 EMPLOYER'S WITHHOLDING - QUARTERLY 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. .50%. 6 7. 5.0%. 7 8. Total (Include Interest and Penalty if Due). 8

Name

And

Address

Tav	Year	2020
IAX	rear	ZUZI

I hereby certify that the information and statements contained here
in and in any schedules or exhibits attached are true and correct.
O'mand

Signed		
Title	Date	

Phone #

THIS RETURN MUST BE FILED ON OR BEFORE APRIL 30, 2020

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF CRESTON
P. O. Box 194
100 N. Main St.
Creston OH 44217

Voice 330-435-6021 Ext 3 Fax 330-435-6149

Period Ending JAN-FEB-MAR

TAX ID

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

1. Number of Taxable Employees	T V 0000
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2020 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
	Signed
Taxable Earnings (from line 2)	Title Date
Actual Tax Withheld at 1.000 %	Phone #
Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
.50%	OR BEFORE JULY 31, 2020
. 5.0%	MAKE CHECK OR MONEY ORDER TO:
Total (Include Interest and Penalty if Due)	VILLAGE OF CRESTON
	P. O. Box 194
Name	100 N. Main St. Creston OH 44217
And	Voice 330-435-6021 Ext 3 Fax 330-435-6149
Address	Period Ending APR-MAY-JUN
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS
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TAX ID

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Name

And

Address

Tax Year 2020

I hereby certify th	at the infor	mation a	and state	ments o	contained h	nere
in and in any sch	edules or e	xhibits a	ttached a	are true	and corre	ct.

 Signed

 Date

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 31, 2021

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF CRESTON
P. O. Box 194
100 N. Main St.
Creston OH 44217

Voice 330-435-6021 Ext 3 Fax 330-435-6149

Period Ending OCT-NOV-DEC

TAX ID

Phone # _

 ${\tt NOTIFY\ INCOME\ TAX\ DEPARTMENT\ PROMPTLY\ OF\ ANY\ CHANGE\ IN\ OWNERSHIP\ OR\ NAME\ AND\ ADDRESS.}$