

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. INTEREST: 0.50% per month. ....	6		
7. PENALTY: 50%. ....	7		
8. Total (Include Interest and Penalty if Due). ....	8		

**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 \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

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

**MAKE CHECK OR MONEY ORDER TO:**  
PLYMOUTH INCOME TAX DEPT.  
48 WEST BROADWAY ST  
PLYMOUTH, OH 44865

Voice 419-687-4331 Ext 101 Fax 419-687-1331

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending JAN-FEB-MAR

TAX ID \_\_\_\_\_

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

FORM W1 880

EMPLOYER'S WITHHOLDING - QUARTERLY

1. Number of Taxable Employees. ....	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2		
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Name  
 And  
 Address

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 \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE JULY 31, 2020**

**MAKE CHECK OR MONEY ORDER TO:**  
 PLYMOUTH INCOME TAX DEPT.  
 48 WEST BROADWAY ST  
 PLYMOUTH, OH 44865

Voice 419-687-4331 Ext 101 Fax 419-687-1331

Period Ending APR-MAY-JUN

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - QUARTERLY

1. Number of Taxable Employees. ....	1		
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Name  
 And  
 Address

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 \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE OCTOBER 31, 2020**

**MAKE CHECK OR MONEY ORDER TO:**  
 PLYMOUTH INCOME TAX DEPT.  
 48 WEST BROADWAY ST  
 PLYMOUTH, OH 44865

Voice 419-687-4331 Ext 101 Fax 419-687-1331

Period Ending JUL-AUG-SEP

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		
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6. INTEREST: 0.50% per month. ....	6		
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8. Total (Include Interest and Penalty if Due). ....	8		

**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 \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

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

**MAKE CHECK OR MONEY ORDER TO:**  
PLYMOUTH INCOME TAX DEPT.  
48 WEST BROADWAY ST  
PLYMOUTH, OH 44865

Voice 419-687-4331 Ext 101 Fax 419-687-1331

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending OCT-NOV-DEC

TAX ID \_\_\_\_\_

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