

| | | | |
|--|---|--|--|
| 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 JANUARY 18, 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 15

TAX ID _____

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

| | | | |
|---|---|--|--|
| 1. Number of Taxable Employees. | 1 | | |
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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 FEBRUARY 3, 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 31

TAX ID _____

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

| | | | |
|---|---|--|--|
| 1. Number of Taxable Employees. | 1 | | |
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Tax Year 2020

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE FEBRUARY 18, 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 FEB 15

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 | | |
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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 MARCH 3, 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 FEB 28

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 | | |
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| 6. INTEREST: 0.50% per month. | 6 | | |
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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 MARCH 18, 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 MAR 15

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 | | |
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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 APRIL 3, 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 **MAR 31**

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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

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 APRIL 18, 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 15**

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 | | |
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| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 MAY 3, 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 30

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 MAY 18, 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 MAY 15

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 JUNE 3, 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 **MAY 31**

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 JUNE 18, 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 **JUN 15**

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
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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 3, 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 JUN 30

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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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 18, 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 15

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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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 AUGUST 3, 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 31

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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Name _____

And _____

Address _____

Tax Year 2020
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Signed _____
 Title _____ Date _____
 Phone # _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE AUGUST 18, 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 AUG 15

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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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 SEPTEMBER 3, 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 AUG 31

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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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 SEPTEMBER 18, 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 SEP 15

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
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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 3, 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 SEP 30

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 | | |
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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 18, 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 OCT 15

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 | | |
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| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 NOVEMBER 3, 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 OCT 31

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 | | |
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| 8. Total (Include Interest and Penalty if Due). | 8 | | |

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 NOVEMBER 18, 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 NOV 15

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 | | |

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 DECEMBER 3, 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 NOV 30

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

| | | | |
|---|---|--|--|
| 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 | | |

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 DECEMBER 18, 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 DEC 15

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 | | |
| 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 JANUARY 3, 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 DEC 31

TAX ID _____

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