

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 0.000 %.	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 2022

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 15, 2022**

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 JANUARY

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - 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 0.000 %.	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 2022
 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 15, 2022**

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 **FEBRUARY**

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - 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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5. Adjustments of Tax for Prior Period.	5		
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7. PENALTY: 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2022
 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 15, 2022**

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 **MARCH**

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - 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 0.000 %.	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 2022

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 15, 2022**

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 APRIL

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - 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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7. PENALTY: 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2022

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 15, 2022**

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 MAY

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1		
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3. Taxable Earnings (from line 2).	3		
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Name _____

And _____

Address _____

Tax Year 2022

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 15, 2022**

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 JUNE

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1		
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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 2022

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 15, 2022**

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 JULY

TAX ID _____

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

FORM W1 880

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1		
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7. PENALTY: 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2022

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 15, 2022**

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 **AUGUST**

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1		
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7. PENALTY: 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2022

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 15, 2022**

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 **SEPTEMBER**

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1		
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7. PENALTY: 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2022

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 15, 2022**

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 **OCTOBER**

TAX ID

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

FORM W1 880

EMPLOYER'S WITHHOLDING - MONTHLY

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

Name _____

And _____

Address _____

Tax Year 2022

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 15, 2022**

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 **NOVEMBER**

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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Tax Year 2022

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 15, 2023**

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 **DECEMBER**

TAX ID _____

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