

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 APRIL 30, 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 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		
3. Taxable Earnings (from line 2).	3		
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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 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 31, 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 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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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 31, 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 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		
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 JANUARY 31, 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 OCT-NOV-DEC

TAX ID _____

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