

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		

Tax Year 2023

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, 2023**

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

Name _____

And _____

Address _____

Period Ending JANUARY

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. .50%.	6		
7. 5.0%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2023
 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, 2023**

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 FEBRUARY

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. .50%.	6		
7. 5.0%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2023
 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, 2023**

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 MARCH

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. .50%.	6		
7. 5.0%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2023
 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, 2023

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 APRIL

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. .50%.	6		
7. 5.0%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2023
 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, 2023

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 MAY

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. .50%.	6		
7. 5.0%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2023

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, 2023**

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

Name _____

And _____

Address _____

Period Ending JUNE

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. .50%.	6		
7. 5.0%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2023

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, 2023**

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

Name _____

And _____

Address _____

Period Ending JULY

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. .50%.	6	
7. 5.0%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2023

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, 2023**

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

Name _____

And _____

Address _____

Period Ending AUGUST

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. .50%.	6	
7. 5.0%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2023

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, 2023**

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

Name _____

And _____

Address _____

Period Ending SEPTEMBER

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		
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6. .50%.	6		
7. 5.0%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2023

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, 2023**

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 **OCTOBER**

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. .50%.	6		
7. 5.0%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2023

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, 2023**

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 **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		
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		

Tax Year 2023

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, 2024**

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

Name _____

And _____

Address _____

Period Ending **DECEMBER**

TAX ID _____

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