

740-773-1161

W-1

1. Number of Taxable Employees .....	
2. Total Salaries, Wages, Commission Paid Non-residents for Compensation Paid all Employees .....	\$
3. Less: Non-Taxable Items (Compensation Paid Non-residents for Services outside Chillicothe and to persons under 16 years of age) .....	
4. Taxable Earnings (Item 2 minus Item 3) .....	
5. Actual Tax Withheld at 2% .....	
6. Adjustment or Credit of Tax for prior quarter .....	
7. Interest and Penalty .....	
8. Total (Include interest and penalty if due) .....	\$

I hereby certify that the information and statements contained herein are true and correct.

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Owner, Partner, Member, President, Treasurer, Agent Date

**THIS RETURN MUST BE FILED  
ON OR BEFORE THE DATE AS SHOWN BELOW  
MAKE CHECK OR MONEY ORDER PAYABLE TO:**

CITY OF CHILLICOTHE, OHIO - INCOME TAX

**DUE ON OR BEFORE**

MAIL TO:  
CHILLICOTHE INCOME TAX DEPT.  
35 S. PAINT STREET  
P.O. BOX 457  
CHILLICOTHE, OHIO 45601-0457