

CELINA RETURN OF TAX WITHHELD 1.5%

ACCT # _____ YEAR _____ form W-1 Period – January **Due – on or before February 15th**

Name & Address _____

- 1. Total Gross Wages \$ _____
subject to Withholding
- 2. Amount Withheld \$ _____
- 3. Penalty / Interest \$ _____
- 4. Total Due \$ _____

Authorized Signature _____

Penalty; 50% of amount not timely paid

Fed. I.D. # _____ - _____

Check or money order payable to; Celina Tax Administrator Mail to; 225 N Main St, PO Box 117, Celina, OH 45822

CELINA RETURN OF TAX WITHHELD 1.5%

ACCT # _____ YEAR _____ form W-1 Period – February **Due – on or before March 15th**

Name & Address _____

- 1. Total Gross Wages \$ _____
subject to Withholding
- 2. Amount Withheld \$ _____
- 3. Penalty / Interest \$ _____
- 4. Total Due \$ _____

Authorized Signature _____

Penalty; 50% of amount not timely paid

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ACCT # _____ YEAR _____ form W-1 Period – March **Due – on or before April 15th**

Name & Address _____

- 1. Total Gross Wages \$ _____
subject to Withholding
- 2. Amount Withheld \$ _____
- 3. Penalty / Interest \$ _____
- 4. Total Due \$ _____

Authorized Signature _____

Penalty; 50% of amount not timely paid

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ACCT # _____ YEAR _____ form W-1 Period – April **Due – on or before May 15th**

Name & Address _____

- 1. Total Gross Wages \$ _____
subject to Withholding
- 2. Amount Withheld \$ _____
- 3. Penalty / Interest \$ _____
- 4. Total Due \$ _____

Authorized Signature _____

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ACCT # _____ YEAR _____ form W-1 Period – May **Due – on or before June 15th**

Name & Address _____
1. Total Gross Wages \$ _____
subject to Withholding
2. Amount Withheld \$ _____
3. Penalty / Interest \$ _____
4. Total Due \$ _____

Authorized Signature _____
Penalty; 50% of amount not timely paid

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ACCT # _____ YEAR _____ form W-1 Period – June **Due – on or before July 15th**

Name & Address _____
1. Total Gross Wages \$ _____
subject to Withholding
2. Amount Withheld \$ _____
3. Penalty / Interest \$ _____
4. Total Due \$ _____

Authorized Signature _____
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ACCT # _____ YEAR _____ form W-1 Period – July **Due – on or before August 15th**

Name & Address _____
1. Total Gross Wages \$ _____
subject to Withholding
2. Amount Withheld \$ _____
3. Penalty / Interest \$ _____
4. Total Due \$ _____

Authorized Signature _____
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ACCT # _____ YEAR _____ form W-1 Period – August **Due – on or before September 15th**

Name & Address _____
1. Total Gross Wages \$ _____
subject to Withholding
2. Amount Withheld \$ _____
3. Penalty / Interest \$ _____
4. Total Due \$ _____

Authorized Signature _____
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ACCT# _____ YEAR _____ form W-1 Period – September **Due – on or before October 15th**

Name & Address _____

- 1. Total Gross Wages \$ _____
subject to Withholding
- 2. Amount Withheld \$ _____
- 3. Penalty / Interest \$ _____
- 4. Total Due \$ _____

Authorized Signature _____

Penalty; 50% of amount not timely paid

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ACCT# _____ YEAR _____ form W-1 Period – October **Due – on or before November 15th**

Name & Address _____

- 1. Total Gross Wages \$ _____
subject to Withholding
- 2. Amount Withheld \$ _____
- 3. Penalty / Interest \$ _____
- 4. Total Due \$ _____

Authorized Signature _____

Penalty; 50% of amount not timely paid

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CELINA RETURN OF TAX WITHHELD 1.5%

ACCT# _____ YEAR _____ form W-1 Period – November **Due – on or before December 15th**

Name & Address _____

- 1. Total Gross Wages \$ _____
subject to Withholding
- 2. Amount Withheld \$ _____
- 3. Penalty / Interest \$ _____
- 4. Total Due \$ _____

Authorized Signature _____

Penalty; 50% of amount not timely paid

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ACCT# _____ YEAR _____ form W-1 Period – December **Due – on or before January 15th**

Name & Address _____

- 1. Total Gross Wages \$ _____
subject to Withholding
- 2. Amount Withheld \$ _____
- 3. Penalty / Interest \$ _____
- 4. Total Due \$ _____

Authorized Signature _____

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