

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. Total (Include Interest and Penalty if Due).....	6		

Tax Year 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF HICKSVILLE
111 S MAIN ST
HICKSVILLE OH 43526-1398

Voice 419-542-8621

Fax 419-542-2018

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 1118

EMPLOYER'S WITHHOLDING - QUARTERLY

1. Number of Taxable Employees.....	1	
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6. Total (Include Interest and Penalty if Due).....	6	

Name
 And
 Address

Tax Year 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF HICKSVILLE
 111 S MAIN ST
 HICKSVILLE OH 43526-1398

Voice 419-542-8621 Fax 419-542-2018

Period Ending APR-MAY-JUN

TAX ID

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

FORM W1 1118

EMPLOYER'S WITHHOLDING - QUARTERLY

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Name
 And
 Address

Tax Year 2024

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, 2024**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF HICKSVILLE
 111 S MAIN ST
 HICKSVILLE OH 43526-1398

Voice 419-542-8621 Fax 419-542-2018

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		
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4. Actual Tax Withheld at 1.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Total (Include Interest and Penalty if Due).....	6		

Tax Year 2024

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, 2025**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF HICKSVILLE
111 S MAIN ST
HICKSVILLE OH 43526-1398

Voice 419-542-8621

Fax 419-542-2018

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

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