

**RETURN PART 1 — KEEP PART 2 FOR YOUR RECORDS
EMPLOYER'S RETURN OF TAX WITHHELD**

CITY OF NEW CARLISLE W-1

		DOLLARS	CENTS
1.	Wages paid all Employees subject to 1% thru 6/30/15 New Carlisle City Income Tax 1.5% effect 7/1/15	\$	
2.	Actual Tax Withheld for City Income Tax	\$	
3.	Adjustment of Tax for prior period		
4.	Penalty _____		
5.	Interest _____		
6.	Total	\$	

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

(Signed) _____

(Official Title) _____ Date

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL TO: **Income Tax Dept.
CITY OF NEW CARLISLE
P.O. BOX 419
NEW CARLISLE, OHIO 45344-0419
(937) 845-9492**

FOR MONTHS OF

DUE ON OR BEFORE

Notify Income Tax Department promptly of any change in ownership or name and address shown above.