

**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 New Carlisle City Income Tax	1%	\$	
2. Actual Tax Withheld for City Income Tax		\$	
3. Adjustment of Tax for prior period			
4. Penalty _____			
5. Interest _____			
6. <span style="float:right">Total</span>		\$	

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.