

**FORM W1 1112**

**EMPLOYER'S WITHHOLDING - QUARTERLY**

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		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2011**

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, 2011**

**MAKE CHECK OR MONEY ORDER TO:**

VILLAGE OF BALTIC  
102 WEST MAIN ST  
BALTIC, OH 43804-9094

Voice 330-897-4464 Fax 330-897-1044

Period Ending JAN-FEB-MAR

**TAX ID**

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

**FORM W1 1112**

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2011**

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, 2011**

**MAKE CHECK OR MONEY ORDER TO:**

VILLAGE OF BALTIC  
102 WEST MAIN ST  
BALTIC, OH 43804-9094

Voice 330-897-4464 Fax 330-897-1044

Period Ending APR-MAY-JUN

**TAX ID**

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2011**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE OCTOBER 31, 2011**

**MAKE CHECK OR MONEY ORDER TO:**

VILLAGE OF BALTIC  
102 WEST MAIN ST  
BALTIC, OH 43804-9094

Voice 330-897-4464 Fax 330-897-1044

Period Ending JUL-AUG-SEP

TAX ID \_\_\_\_\_

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2011**

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, 2012**

**MAKE CHECK OR MONEY ORDER TO:**

VILLAGE OF BALTIC  
102 WEST MAIN ST  
BALTIC, OH 43804-9094

Voice 330-897-4464 Fax 330-897-1044

Period Ending OCT-NOV-DEC

TAX ID \_\_\_\_\_

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