

		DOLLARS	CENTS
1. Taxable Earnings paid all Employees subject to SMITHVILLE, Ohio, Village Income Tax	1.5 %		
	\$		
2. Actual Tax Withheld in quarter for Village Income Tax	\$		
3. Adjustment of Tax for prior period			
4. Interest: _____			
5. Penalty _____			
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
VILLAGE OF SMITHVILLE INC. TAX**

MAIL TO:
VILLAGE OF SMITHVILLE
INCOME TAX DEPT.
P.O. BOX 517
SMITHVILLE, OHIO 44677

FOR MONTHS OF

DUE ON OR BEFORE

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

If receipt is desired, return Taxpayer's Copy of this form and enclose self-addressed, stamped envelope.