

**Village of Westfield Center**

Income Tax Department  
P.O. Box 750  
Westfield Center, Ohio 44251

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

Account Number #  
Fed. ID #

**EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD**

**Due on or Before  
For Period  
Tax Year**

- 1. Total Compensation Paid This Period \$ \_\_\_\_\_
- 2. Total Withheld This Period \$ \_\_\_\_\_
- 3. Adjustments to prior returns \$ \_\_\_\_\_
- 4. Penalty and/or Interest \$ \_\_\_\_\_
- 5. Total \$ \_\_\_\_\_

Make check or money order payable to:  
**Village of Westfield Center**

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

(signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_

Date

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