FORM W1 1500 64257 EMPLOYER	R'S WITHHOLDING - MONTHLY	00001
1. Number of Taxable Employees		Tax Year 2022
Total Salaries, Wages, Commissions and other Compensation paid all employees		I hereby certify that the information and statements contained he
pula dii ciripio coo.		in and in any schedules or exhibits attached are true and correct
		Signed
3. Taxable Earnings (from line 2).		Title Date
4. Actual Tax Withheld at 1.500 %	4	Phone # THIS RETURN MUST BE FILED ON
6. 1.5%	6	OR BEFORE FEBRUARY 15, 2022
7. 10%	7	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	PLAIN CITY INCOME TAX DEPARTMENT
		800 VILLAGE BLVD
Name		P.O. Box 167
		PLAIN CITY OH 43064
And		Voice 614-873-3527 Ext 104 Fax 614-873-997
Address		
Address		Period Ending JANUARY
		TAX ID
	NOTIFY INCO	OME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1500 64258 EMPLOYER	R'S WITHHOLDING - MONTHLY	00002
	1.1	
Number of Taxable Employees. Total Salaries, Wages, Commissions and other Compensation		Tax Year 2022
paid all employees.		I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 1.500 %.		Phone # Bate
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 1.5%	[6]	OR BEFORE MARCH 15, 2022
7. 10%	. [/]	MAKE CHECK OR MONEY ORDER TO
8. Total (Include Interest and Penalty if Due)	[8]	PLAIN CITY INCOME TAX DEPARTMENT
		800 VILLAGE BLVD
Name		P.O. Box 167
Al		PLAIN CITY OH 43064
And		Voice 614-873-3527 Ext 104 Fax 614-873-99
Address		Davied Funding FERRIARY
Addices		Period Ending FEBRUARY
		TAX ID
	NOTIFY INCO	DME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1500 64259 EMPLOYER	R'S WITHHOLDING - MONTHLY	00003
Number of Taxable Employees	l ₁	
Total Salaries, Wages, Commissions and other Compensation		Tax Year 2022 I hereby certify that the information and statements contained hereby certification.
paid all employees	2	in and in any schedules or exhibits attached are true and correct
		Signed
3. Taxable Earnings (from line 2)	3	Date
4. Actual Tax Withheld at 1.500 %	4	Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 1.5%	7	OR BEFORE APRIL 15, 2022
7. 10%		MAKE CHECK OR MONEY ORDER TO
8. Total (Include Interest and Penalty if Due)	[8]	PLAIN CITY INCOME TAX DEPARTMENT
		800 VILLAGE BLVD
Name		P.O. Box 167
And		PLAIN CITY OH 43064
/ WIM		Voice 614-873-3527 Ext 104 Fax 614-873-99

Address

Period Ending MARCH

FORM W1 1500 64260	EMPLOYER'S WITHHOLDING - MONTHLY	00004
Number of Taxable Employees		Tax Year 2022
2. Total Salaries, Wages, Commissions and oth paid all employees		I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Date
4. Actual Tax Withheld at 1.500 %	4	Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 1.5%	7	OR BEFORE MAY 15, 2022
8. Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:
		PLAIN CITY INCOME TAX DEPARTMENT 800 VILLAGE BLVD
Name		P.O. Box 167
And		PLAIN CITY OH 43064
Allu		Voice 614-873-3527 Ext 104 Fax 614-873-9970
Address		Period Ending APRIL
		TAX ID
	NOTIFY INCOM	E TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W/4 4500 C4004	EMPLOYEDIO MITUUOLDINO, MONTULY	
FORM W1 1500 64261	EMPLOYER'S WITHHOLDING - MONTHLY	00005
 Number of Taxable Employees Total Salaries, Wages, Commissions and other 		Tax Year 2022
paid all employees		I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	
4. Actual Tax Withheld at 1.500 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 1.5%	7	OR BEFORE JUNE 15, 2022
8. Total (Include Interest and Penalty if Due)		MAKE CHECK OR MONEY ORDER TO:
	,	PLAIN CITY INCOME TAX DEPARTMENT 800 VILLAGE BLVD
Name		P.O. Box 167
And		PLAIN CITY OH 43064
Allu		Voice 614-873-3527 Ext 104 Fax 614-873-9970
Address		Period Ending MAY
		TAX ID
	NOTIFY INCOME	E TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORMAL 4800 04000		
FORM W1 1500 64262	EMPLOYER'S WITHHOLDING - MONTHLY	00006
Number of Taxable Employees Total Salaries, Wages, Commissions and other.		Tax Year 2022
paid all employees	5.182 1.152 1.533 1.553 1.553 1.553 1.553 1.553 1.553 1.553 1.553 1.553 1.553 1.553	I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Date
4. Actual Tax Withheld at 1.500 %	4	Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 1.5%		OR BEFORE JULY 15, 2022
8. Total (Include Interest and Penalty if Due)	NON-PORTER TO BE AND THE PORTER TO SERVE TO SERV	MAKE CHECK OR MONEY ORDER TO:
, and a subject to the subject to th		PLAIN CITY INCOME TAX DEPARTMENT
Name		800 VILLAGE BLVD P.O. Box 167
		PLAIN CITY OH 43064
And		Voice 614-873-3527 Ext 104 Fax 614-873-9970

Period Ending JUNE

Address

FORM W1 1500 64263 EMPLOYER'S	S WITHHOLDING - MONTHLY	00007
Number of Taxable Employees		
Total Salaries, Wages, Commissions and other Compensation paid all employees.		I hereby certify that the information and statements contained here
palu ali employees.		in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 1.500 % 5. Adjustments of Tax for Prior Period	5	Phone#THIS RETURN MUST BE FILED ON
6. 1.5%	6	OR BEFORE AUGUST 15, 2022
7. 10%.	7	MAKE CHECK OR MONEY ORDER TO:
Total (Include Interest and Penalty if Due) Name	8	PLAIN CITY INCOME TAX DEPARTMENT 800 VILLAGE BLVD P.O. Box 167
And		PLAIN CITY OH 43064 Voice 614-873-3527 Ext 104 Fax 614-873-9970
, 1110		Voice 014-073-3327 Ext 104
Address		Period Ending JULY
	TA	AX ID
	NOTIFY INCOME TAX D	DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
	A MITHIUS BING MONTHLY	
	S WITHHOLDING - MONTHLY	
Number of Taxable Employees	1	Tax Year 2022
paid all employees.	1 1	I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Date
4. Actual Tax Withheld at 1.500 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. 1.5%	6	OR BEFORE SEPTEMBER 15, 2022
7. 10%	7	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	[0]	PLAIN CITY INCOME TAX DEPARTMENT 800 VILLAGE BLVD P.O. Box 167
Name		PLAIN CITY OH 43064
And		Voice 614-873-3527 Ext 104 Fax 614-873-9970
Address		Period Ending AUGUST
	TA	AX ID
		DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
	S WITHHOLDING - MONTHLY	00009
Number of Taxable Employees. Total Salaries, Wages, Commissions and other Compensation		Tax Year 2022
paid all employees.		I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
		2007 - 20
3. Taxable Earnings (from line 2)	3	Signed Date
4. Actual Tax Withheld at 1.500 %.		Phone #
5. Adjustments of Tax for Prior Period.		THIS RETURN MUST BE FILED ON
6. 1.5%		OR BEFORE OCTOBER 15, 2022
7. 10%	7	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	PLAIN CITY INCOME TAX DEPARTMENT
		800 VILLAGE BLVD
Name		P.O. Box 167
And		PLAIN CITY OH 43064
And		Voice 614-873-3527 Ext 104 Fax 614-873-9970

Address

Period Ending SEPTEMBER

FORM W1 1500 64266 EMPLOYER'S W	/ITHHOLDING - MONTHLY	_00010	
1. Number of Taxable Employees			
Total Salaries, Wages, Commissions and other Compensation paid all employees. 2		I hereby certify that the information and	
		in and in any schedules or exhibits attac	
		Signed	
3. Taxable Earnings (from line 2)		Title	_ Date
4. Actual Tax Withheld at 1.500 %		Phone #	
5. Adjustments of Tax for Prior Period. 5 6. 1.5%. 6		THIS RETURN MUST BE	
7. 10%		OR BEFORE NOVEMBER	
8. Total (Include Interest and Penalty if Due)		MAKE CHECK OR MON	
		PLAIN CITY INCOME TAX 800 VILLAGE E	
Name		P.O. Box 16	
		PLAIN CITY OH	43064
And		Voice 614-873-3527 Ext 104	Fax 614-873-9970
Address		Period Ending OCTOBER	
		X ID	
	NOTIFY INCOME TAX DE	EPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSH	IP OR NAME AND ADDRESS.
FORM W1 1500 64267 EMPLOYER'S W	VITHHOLDING - MONTHLY	00011	
1. Number of Taxable Employees		_00011 	
2. Total Salaries, Wages, Commissions and other Compensation		Tax Year 202 I hereby certify that the information and	
paid all employees		in and in any schedules or exhibits attac	
		Signed	
3. Taxable Earnings (from line 2)		Title	
4. Actual Tax Withheld at 1.500 %		Phone #	
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE	FILED ON
6. 1.5%.		OR BEFORE DECEMBER	15, 2022
7. 10%		MAKE CHECK OR MON	IEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		PLAIN CITY INCOME TAX	DEPARTMENT
		800 VILLAGE E	
Name		P.O. Box 16 PLAIN CITY OH	
And			
7 tild		Voice 614-873-3527 Ext 104	Fax 614-873-9970
Address		Period Ending NOVEMBER	
	TΔ	X ID	_
		EPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSH	IP OR NAME AND ADDRESS
FORM W1 1500 64268 EMPLOYER'S W	VITHHOLDING - MONTHLY	00012 T	
1. Number of Taxable Employees		Tax Year 202	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.		I hereby certify that the information and	
paid all employees.		in and in any schedules or exhibits attac	hed are true and correct.
		Signed	
3. Taxable Earnings (from line 2)		Title	_ Date
4. Actual Tax Withheld at 1.500 %		Phone #	
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE	
6. 1.5%		OR BEFORE JANUARY	
8. Total (Include Interest and Penalty if Due).		MAKE CHECK OR MON	
		PLAIN CITY INCOME TAX	
Namo		800 VILLAGE F P.O. Box 16	
Name		PLOI. BOX 16	
And		Voice 614-873-3527 Ext 104	
		The second secon	

Address

Period Ending DECEMBER

Tax Year 2022

FORM W3 1500 EMPLOYER'S WITHHOLDING RECONCILIATION

00001

PLAIN CITY INCOME TAX DEPARTMENT

800 VILLAGE BLVD P.O. Box 167 PLAIN CITY OH 43064

Voice 614-873-3527 Ext 104 Fax 614-873-9970



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	FEDERAL ID NUMBER
Name	NAME OF PERSON COMPLETING FORM
And	LOCAL PHONE NUMBER
ddress	NUMBER OF EMPLOYEES LISTED

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

- 1. Attach check payable to PLAIN CITY INCOME TAX DEPARTMENT, for difference if withholding exceeds remittance.
- 2. If remittance exceeds amount withheld, give explanation and request refund below.
- 3. Attach explanation if column 2 is used.

Reconciliation instructions...

ENTER PAYROLL BY QUAR			(2)	(4)	/E\
	(1) Gross	(2) Payroll Not	(3) Payroll	(4) Tax	(5) Tax Paid
Period	Payroll	Subject to Tax	Subject to Tax	Due	Per Your Records
		-	-		
January -					·
February					
March/Qtr-1	-				
April					
May				-	3
June/Qtr-2					
July	•				
August	·	1			
September/Qtr-3					
October					
November					
December/Qtr-4					
TOTALS					
10111110					
			TOTAL F	REMITTANCE MADE	
Employer - Explai	n any differen	ces:		DIFFERENCE	