PORIVI VVI 1900 04209 EIVIPLOTER 3	441	HHOLDING - QUARTERLI	_ 000		
1. Number of Taxable Employees	1				
2. Total Salaries, Wages, Commissions and other Compensation			11	Tax Year nereby certify that the information	
paid all employees	2		5382	and in any schedules or exhibits	
	Н		5	Signed	
3. Taxable Earnings (from line 2)	3			Fitle	
4. Actual Tax Withheld at 1.500 %			_	Phone #	
5. Adjustments of Tax for Prior Period			— া	THIS RETURN MUST	BE FILED ON
6. 1.5%			1	OR BEFORE APRIL	
7. 10%	7		1		MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8		7	PLAIN CITY INCOME	
		•	_	800 VILLA	
Name				P.O. B	
Nume				PLAIN CITY	
And				Voice 614-873-3527 Ext	
			8	VOICE 014-075-3327 EXT	104 Tax 014-070-3370
Address			Dox	ind Ending LAN CED	MAD
/ ladiooc			Per	iod Ending JAN-FEB-	WAR
		TA	X ID		
		NOTIFY INCOME TAX D	EPARTM	ENT PROMPTLY OF ANY CHANGE IN OW	NERSHIP OR NAME AND ADDRESS.
FORM W1 1500 64270 EMPLOYER'S	wi	THHOLDING - QUARTERLY	000	02	
	-		٦		
Number of Taxable Employees			-	Tax Year	
Total Salaries, Wages, Commissions and other Compensation paid all employees.			1000	nereby certify that the information	
paid all employees	H		in	and in any schedules or exhibits	attached are true and correct.
	П		5	Signed	
3. Taxable Earnings (from line 2)	. 3		7 7	Γitle	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%.	6		7	OR BEFORE JULY	
7. 10%	7		7		
8. Total (Include Interest and Penalty if Due)	8		7		MONEY ORDER TO:
	_		_	PLAIN CITY INCOME	
N				800 VILLA	
Name				P.O. B PLAIN CITY	
And					
Allu				Voice 614-873-3527 Ext	104 Fax 614-873-9970
Address					
Address			Per	riod Ending APR-MAY	-JUN
		TA	X ID		
				SENT PROMPTLY OF ANY CHANGE IN OW	NEDSHID OD NAME AND ADDDESS
		NOTH THOOME TAXE	ZE ZIVIN	ENT FROM TET OF ANT CHANGE IN ON	NEKOHIP OK NAME AND ADDRESS.
FORM W1 1500 64271 EMPLOYER'S	14/1	THHOLDING - QUARTERLY	000	03	
FORM WT 1900 04271 EMPLOTERS	771	THROLDING - QUARTERLI	7		
1. Number of Taxable Employees	\rightarrow		_	Tax Year	
Total Salaries, Wages, Commissions and other Compensation	1 1		- 11	nereby certify that the information	
paid all employees	2		in	and in any schedules or exhibits	attached are true and correct.
	П		5	Signed	
3. Taxable Earnings (from line 2)	3			Γitle	
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%.	6		1	OR BEFORE OCTOBE	
7. 10%	7		1		
8. Total (Include Interest and Penalty if Due)	8		7	•	MONEY ORDER TO:
o. rotal (morado mitorost and romany in bue)	ш		_	PLAIN CITY INCOME	
					GE BLVD
Name				P.O. B	
A I				PLAIN CITY	
And				Voice 614-873-3527 Ext	104 Fax 614-873-9970

Address

Period Ending JUL-AUG-SEP

FORM W1 1500 64272	EMPLOYER'S WITHHOLDING - Q	UARTERLY 00004
Number of Taxable Employees. Total Salaries, Wages, Commissions and paid all employees.	other Compensation	Tax Year 2022 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
2. Toyohlo Foreinge (from line 0)		Signed
3. Taxable Earnings (from line 2)		
4. Actual Tax Withheld at 1.500 %		Phone #
Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. 1.5%	6	OR BEFORE JANUARY 31, 2023
7. 10%	The Control of the Co	MAKE CHECK OR MONEY ORDER TO:
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 614-873-9970
Address		Period Ending OCT-NOV-DEC

TAX ID

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

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

n	UE	DA	TI	F (n	21	28	12	U,	22	ę
L	UL	UF	\ 		v	41	40	14	U	40)

Name	FEDERAL ID NUMBER
Name And	NAME OF PERSON COMPLETING FORM
Address	LOCAL PHONE NUMBER
	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 QUARTERLY OR MONTHLY TOTALS								
	(1)	(2)	(3)	(4)	(5)			
	Gross	Payroll Not	Payroll	Tax	Tax Paid			
Period	Payroll	Subject to Tax	Subject to Tax	Due	Per Your Records			
January								
February								
March/Qtr-1								
April								
May								
June/Qtr-2								
July								
August								
September/Qtr-3								
October								
November								
December/Qtr-4								
TOTALS =								
			TOTAL R	EMITTANCE MADE				
Employer - Explain	n any differen	ces:		DIFFERENCE				