

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. Interest 0.50.	6		
7. Penalty 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2025

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 FEBRUARY 15, 2025**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723

Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name

And

Address

Period Ending JANUARY

TAX ID

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

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. Interest 0.50.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2025

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 MARCH 15, 2025**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723

Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name _____

And _____

Address _____

Period Ending FEBRUARY

TAX ID _____

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

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. Interest 0.50.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2025

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 15, 2025**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723

Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name _____

And _____

Address _____

Period Ending MARCH

TAX ID _____

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

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. Interest 0.50.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2025

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 MAY 15, 2025**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723

Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name _____

And _____

Address _____

Period Ending APRIL

TAX ID _____

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

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. Interest 0.50.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2025

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 JUNE 15, 2025**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723

Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name _____

And _____

Address _____

Period Ending MAY

TAX ID _____

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

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. Interest 0.50.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2025

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 15, 2025
MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723
Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name _____

And _____

Address _____

Period Ending JUNE

TAX ID _____

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

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. Interest 0.50.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2025

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 AUGUST 15, 2025
MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723
Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name _____

And _____

Address _____

Period Ending JULY

TAX ID _____

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

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. Interest 0.50.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2025

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 SEPTEMBER 15, 2025**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723

Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name

And

Address

Period Ending AUGUST

TAX ID

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

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. Interest 0.50.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2025

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 OCTOBER 15, 2025**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723

Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name

And

Address

Period Ending SEPTEMBER

TAX ID

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

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. Interest 0.50.	6		
7. Penalty 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2025

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 NOVEMBER 15, 2025**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723

Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name _____

And _____

Address _____

Period Ending OCTOBER

TAX ID _____

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

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. Interest 0.50.	6		
7. Penalty 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2025

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 DECEMBER 15, 2025**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723

Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name _____

And _____

Address _____

Period Ending NOVEMBER

TAX ID _____

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

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. Interest 0.50.	6		
7. Penalty 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2025

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 15, 2025**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF BYESVILLE, TAX DEPARTMENT
PO BOX 8
BYESVILLE OH 43723

Voice 740-685-0800 Ext 3 Fax 740-685-8633

Name

And

Address

Period Ending **DECEMBER**

TAX ID

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