

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 30, 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 JAN-FEB-MAR

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 31, 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 APR-MAY-JUN

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 31, 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 JUL-AUG-SEP

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 31, 2026**

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 OCT-NOV-DEC

TAX ID

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