## 

Name

And

Address

### 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

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	- v
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	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
3. Taxable Earnings (from line 2).	Title Date
4. Actual Tax Withheld at 1.000 %	Phone #
	THIS RETURN MUST BE FILED ON
6 Interest 0.50	OR BEFORE JULY 31,2025
3. Total (Include Interest and Penalty if Due).	MAKE CHECK OR MONEY ORDER TO:
. Total (illolade lillelest and Fehalty II Due)	VILLAGE OF BYESVILLE, TAX DEPARTMENT
Name	PO BOX 8 BYESVILLE OH 43723
And	Voice 740-685-0800 Ext 3 Fax 740-685-8633
Address	Period Ending APR-MAY-JUN
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1336 EMPLOYER'S WITHH	IOLDING - QUARTERLY
I. Number of Taxable Employees	Tax Year 2025
. Number of Taxable Employees	
. Number of Taxable Employees	Tax Year 2025  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct.
. Number of Taxable Employees	Tax Year 2025  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct.  Signed
. Number of Taxable Employees	Tax Year 2025  I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.  Signed  Title  Date
1. Number of Taxable Employees	Tax Year 2025  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct.  Signed  Title  Date  Phone #
1. Number of Taxable Employees	Tax Year 2025  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct.  Signed Title
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	Tax Year 2025  I hereby certify that the information and statements contained he 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
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	Tax Year 2025  I hereby certify that the information and statements contained he 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:
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	Tax Year 2025  I hereby certify that the information and statements contained he 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
. Number of Taxable Employees.       1         . Total Salaries, Wages, Commissions and other Compensation paid all employees.       2         . Taxable Earnings (from line 2).       3         . Actual Tax Withheld at 1.000 %.       4         . Adjustments of Tax for Prior Period.       5         . Interest 0.50.       6         . Penalty 50%.       7	Tax Year 2025  I hereby certify that the information and statements contained he 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:
Number of Taxable Employees.  2. Total Salaries, Wages, Commissions and other Compensation paid all employees.  3. Taxable Earnings (from line 2).  4. Actual Tax Withheld at 1.000 %.  5. Adjustments of Tax for Prior Period.  6. Interest 0.50.  7. Penalty 50%.  7. Total (Include Interest and Penalty if Due).	Tax Year 2025  I hereby certify that the information and statements contained he 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
1. Number of Taxable Employees	Tax Year 2025  I hereby certify that the information and statements contained he 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

TAX ID

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

# FORM W1 1336 EMPLOYER'S WITHHOLDING - QUARTERLY 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. 7 Penalty 50%. 7 8. Total (Include Interest and Penalty if Due). 8

Name

And

Address

## 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.
Olama al

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

Period Ending OCT-NOV-DEC

TAX ID

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