

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 18, 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 JAN 15

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 3, 2025</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b>
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 31

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 18, 2025</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b>
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 FEB 15

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE MARCH 3, 2025</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b>
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 FEB 28

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE MARCH 18, 2025</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b>
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 MAR 15

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 3, 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 MAR 31

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 18, 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 15

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 3, 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 30

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 18, 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 15

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE JUNE 3, 2025</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b>
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 31

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE JUNE 18, 2025</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b>
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 JUN 15

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE JULY 3, 2025</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b>
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 JUN 30

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE JULY 18, 2025</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b>
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 15

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 3, 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 31

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 18, 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 AUG 15

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 3, 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 AUG 31

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 18, 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 SEP 15

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 3, 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 SEP 30

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 18, 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 OCT 15

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 3, 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 OCT 31

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 18, 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 NOV 15

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 3, 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 NOV 30

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 18, 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 DEC 15

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 3, 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 DEC 31

TAX ID

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