

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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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 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	

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 2027****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 DECEMBER

TAX ID

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