

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 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

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	
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Name

And

Address

Tax Year 2026

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE FEBRUARY 3, 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 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	
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Name

And

Address

Tax Year 2026

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Title _____ Date _____

Phone # _____

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VILLAGE OF BYESVILLE, TAX DEPARTMENT

PO BOX 8
BYESVILLE OH 43723

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

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

Name

And

Address

Tax Year 2026

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 3, 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 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	
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Name

And

Address

Tax Year 2026

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 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

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	
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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 3, 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 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	
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Address

Tax Year 2026

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 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

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	
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Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MAY 3, 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 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	
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Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MAY 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 MAY 15

TAX ID

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And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JUNE 3, 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 31

TAX ID

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

1. Number of Taxable Employees.....	1	
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Address

Tax Year 2026

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Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JUNE 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

Period Ending JUN 15

TAX ID

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Tax Year 2026

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JULY 3, 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 JUN 30

TAX ID

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

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Name

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Address

Tax Year 2026

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JULY 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

Period Ending JUL 15

TAX ID

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Name

And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE AUGUST 3, 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 JUL 31

TAX ID

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And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE AUGUST 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

Period Ending AUG 15

TAX ID

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Tax Year 2026

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE SEPTEMBER 3, 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 AUG 31

TAX ID

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

1. Number of Taxable Employees.....	1	
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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE SEPTEMBER 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 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	
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7. Penalty 50%.....	7	
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Name

And

Address

Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE OCTOBER 3, 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 SEP 30

TAX ID

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

1. Number of Taxable Employees.....	1	
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And

Address

Tax Year 2026

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE OCTOBER 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

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	
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Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 3, 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 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	
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Title _____ Date _____

Phone # _____

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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	
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Tax Year 2026

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Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE DECEMBER 3, 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 NOV 30

TAX ID

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

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**THIS RETURN MUST BE FILED ON
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VILLAGE OF BYESVILLE, TAX DEPARTMENT

PO BOX 8
BYESVILLE OH 43723

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

Period Ending DEC 15

TAX ID

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

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**THIS RETURN MUST BE FILED ON
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PO BOX 8
BYESVILLE OH 43723

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

Period Ending DEC 31

TAX ID

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