

TRENTON INCOME TAX W-1

EMPLOYER'S RETURN OF TAX WITHHELD

| | | DOLLARS | | CENTS |
|--|----|---------|--|-------|
| | | | | |
| 1. Taxable Earnings paid all Employees subject to Trenton Income Tax | \$ | | | |
| 2. Actual Tax Withheld in period for City Income Tax | \$ | | | |
| 3. Adjustment of Tax for prior period | | | | |
| 4. Interest: _____ | | | | |
| 5. Penalty: _____ | | | | |
| 6. Total | \$ | | | |

I hereby certify that the information and statements contained herein are true and correct.
 (Signed) _____
 (Official Title) _____ Date _____

THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW.
 MAKE CHECK OR MONEY ORDER PAYABLE TO **TRENTON INCOME TAX**

MAIL TO: CITY OF TRENTON INCOME TAX DEPARTMENT
 11 EAST STATE STREET
 TRENTON, OH 45067

FOR MONTH OF _____

DUE ON OR BEFORE _____

Notify Income Tax Department promptly of any change in ownership or name and address shown above

FEDERAL I.D. # _____
 If receipt is desired, return Taxpayer's Copy of this form and enclose self-addressed, stamped envelope.

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