

VILLAGE OF BUTLER **Employer's Return of Tax Withheld**

W-1

- 1) Number of Taxable Employees _____
- 2) Taxable Earnings _____
- 3) Actual Tax Withheld at 1% . . _____
(*whichever is applicable*)
- 4) Courtesy Withheld at 1/2% . . _____

Business FEIN: _____

Business Name: _____

Contact Person: _____
(I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED CONTAINS TRUE AND CORRECT DATA)

Phone#: _____

Make checks payable to Butler Income Tax Bureau and mail to:

Village of Butler Income Tax Bureau
P.O. Box 394
Butler, Ohio 44822

Check quarter representing payment

<input type="checkbox"/>	Jan - March
<input type="checkbox"/>	Apr - June
<input type="checkbox"/>	July - Sept
<input type="checkbox"/>	Oct - Dec
<input type="checkbox"/>	Monthly _____

Due the 15th of the following month:
4/15, 7/15, 10/15, 1/15

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