



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. .50% per month.....	6	
7. 50%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2020

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 JULY 31, 2020

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST

INCOME TAX DEPT

103 W. MAIN STREET

SOUTH AMHERST OH 44001

Voice 440-988-2877 Ext

Fax 440-988-3535

Name

And

Address

Period Ending APR-MAY-JUN

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 2020

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 31, 2020

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST

INCOME TAX DEPT

103 W. MAIN STREET

SOUTH AMHERST OH 44001

Voice 440-988-2877 Ext

Fax 440-988-3535

Name

And

Address

Period Ending JUL-AUG-SEP

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

Tax Year 2020

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 31, 2021

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST

INCOME TAX DEPT

103 W. MAIN STREET

SOUTH AMHERST OH 44001

Voice 440-988-2877 Ext

Fax 440-988-3535

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

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



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6. .50% per month.....	6		
7. 50%.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

Tax Year 2020

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 30, 2020**

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST
INCOME TAX DEPT
103 W. MAIN STREET
SOUTH AMHERST OH 44001

Voice 440-988-2877 Ext Fax 440-988-3535

Name

And

Address

Period Ending JAN-FEB-MAR

TAX ID

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