

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. Total (Include Interest and Penalty if Due).	6		

Name
 And
 Address

Tax Year 2015

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 FEBRUARY 15, 2015**

MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101

Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6		

Name
 And
 Address

Tax Year 2015

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 MARCH 15, 2015**

MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101

Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6		

Name
 And
 Address

Tax Year 2015

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 15, 2015**

MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101

Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6		

Name
 And
 Address

Tax Year 2015

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 MAY 15, 2015**

MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101

Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6	

Name _____
 And _____
 Address _____

Tax Year 2015
 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 JUNE 15, 2015
MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101
 Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6	

Name _____
 And _____
 Address _____

Tax Year 2015
 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 15, 2015
MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101
 Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6	

Name _____
 And _____
 Address _____

Tax Year 2015
 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 AUGUST 15, 2015
MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101
 Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6	

Name _____
 And _____
 Address _____

Tax Year 2015
 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 SEPTEMBER 15, 2015
MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101
 Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6	

Name _____

And _____

Address _____

Tax Year 2015
 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 15, 2015

MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101
 Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6	

Name _____

And _____

Address _____

Tax Year 2015
 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 NOVEMBER 15, 2015

MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101
 Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6		

Name
 And
 Address

Tax Year 2015

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 DECEMBER 15, 2015**

MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101
 Voice 937-795-2212 Fax 937-795-2421

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. Total (Include Interest and Penalty if Due).	6		

Name
 And
 Address

Tax Year 2015

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 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
 ABERDEEN INCOME TAX BUREAU
 Village of Aberdeen
 P.O. Box 509
 Aberdeen OH 45101
 Voice 937-795-2212 Fax 937-795-2421

Period Ending DECEMBER

TAX ID

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