

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 JAN-FEB-MAR

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 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		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Taxable Earnings (from line 2).	3		
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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 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		
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 OCT-NOV-DEC

TAX ID

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