

**Carey Village Income Tax - 5**

W-1 Employer's Quarterly or Monthly Withholding Remittance Form

Post Office Box 862 Findlay, Ohio 45839-0862

Phone: 419-424-7133 Fax: 419-424-7410

findlayohio.com

_____	1. Carey 1.5 percent tax withheld.....	_____	
Name			
_____	2. Intra-year adjustments.....	_____	
Address			
_____	3. Net Carey 1.5 percent liability.....	_____	
City		ST	Zip
_____	4. Penalty.....	_____	
-			
Federal employer identification number			
_____	5. Interest.....	_____	
Year			
_____	6. Payment enclosed.....	_____	
Month		or	Quarter
	(Payable to: City of Findlay)		

I certify, to the best of my knowledge and belief, that the information shown above is true, correct, and complete.

_____	_____	_____	_____
Signature of Responsible Party	Date	Title	Phone