

EMPLOYERS RETURN OF TAX WITHHELD
VILLAGE OF McCOMB, OHIO—INCOME TAX DEPARTMENT

Form W-1 20__

Federal ID# _____

1. Actual Tax Withheld _____
2. Interest (1% per month) _____
3. Total _____

I hereby certify that the information contained herein
is true and correct.
(Signed) _____

Date _____

Make check payable to:

Employer name & address

**VILLAGE OF MC COMB
INCOME TAX**

Payable at:
**Village Income Tax Dept.
P O Box 756
McComb, OH 45858**

-----Cut along this line-----

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Taxes must be remitted monthly if :

Collected taxes exceeded \$2,399 in the previous calendar year; or

Collected taxes in any month during the previous calendar quarter exceeded \$200.

If these thresholds are not met, then the tax must be remitted quarterly.