

Please cut on the dotted lines DO NOT USE	PENCIL to complete th	is form			
Employer's Payment of Ohio Tax Ohio Withholding Acct. No.	Withheld OHI Federal Employer	O IT 501 I.D. No.	Month		
Name	ie		n or before:	Filing status:	
Address  City, State, Zip Code		1. Ohio Tax Withheld			
I declare under penalties of perjury that this return, including any statements, has been examined by me and to the best of my know		2. TOTAL [	DUE \$		
correct and complete return and report.  Signature of responsible party  T	ïtle	SEND CASI able to Ohio	I STAPLE CHECK TO FORM or ATTACH CHECK STUB. DO NO CASH. Return this voucher with check or money order made pay Ohio Treasurer of State and mail to Ohio Department of Taxation 347 Columbus, OH 43216-0347.		

Telephone number

Social security number