

1. Qualifying wages paid all Employees subject to Bucyrus City Income Tax 1 Is this a courtesy withholding? <input type="checkbox"/> Yes Is this a final return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation	DO NOT ROUND
2. Bucyrus tax withheld 2	
3. Adjustment of Tax for prior quarter (attach explanation) 3	
4. Interest (1% per month) 4	
5. Penalty (10%) 5	
6. Late filing fee (\$5.00 per month – max \$60.00) 6	
7. Total – (Lines 2-6) 7	

NAME AND ADDRESS

FOR THE MONTH OF
JANUARYDUE ON OR BEFORE
FEBRUARY 28, _____

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

I hereby certify that the information and statements
contained herein are true and correct.

(Signed) _____

(Official Title) _____

Date _____

Federal ID no. _____

THIS RETURN MUST BE FILED ON OR
BEFORE THE DUE DATE SHOWN BELOWMAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF BUCYRUS**MAIL TO:****CITY OF BUCYRUS**

Income Tax Dept.

P.O. BOX 28**BUCYRUS, OHIO 44820****TELEPHONE (419) 562-6767**

1. Qualifying wages paid all Employees subject to Bucyrus City Income Tax 1 Is this a courtesy withholding? <input type="checkbox"/> Yes Is this a final return? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation	DO NOT ROUND
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NAME AND ADDRESS

FOR THE MONTH OF
FEBRUARYDUE ON OR BEFORE
MARCH 31, _____

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

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I hereby certify that the information and statements
contained herein are true and correct.

(Signed) _____

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NAME AND ADDRESS

FOR THE MONTH OF
MARCHDUE ON OR BEFORE
APRIL 30, _____

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contained herein are true and correct.

(Signed) _____

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APRILDUE ON OR BEFORE
MAY 31, _____

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NAME AND ADDRESS

FOR THE MONTH OF
MAYDUE ON OR BEFORE
JUNE 30, _____I hereby certify that the information and statements
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(Signed) _____

(Official Title) _____

Date _____

Federal ID no. _____

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NAME AND ADDRESS

FOR THE MONTH OF
JUNEDUE ON OR BEFORE
JULY 31, _____

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NAME AND ADDRESS

FOR THE MONTH OF
JULYDUE ON OR BEFORE
AUGUST 31, _____

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(Signed) _____

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Date _____

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NAME AND ADDRESS

FOR THE MONTH OF
AUGUSTDUE ON OR BEFORE
SEPTEMBER 30, _____

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

FORM W-1

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(Signed) _____

(Official Title) _____

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NAME AND ADDRESS

FOR THE MONTH OF
SEPTEMBERDUE ON OR BEFORE
OCTOBER 31, _____

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

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contained herein are true and correct.

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NAME AND ADDRESS

FOR THE MONTH OF
OCTOBERDUE ON OR BEFORE
NOVEMBER 30, _____

Notify the Income Tax Department promptly of any change in ownership or name and address shown above.

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NAME AND ADDRESS

FOR THE MONTH OF
NOVEMBERDUE ON OR BEFORE
DECEMBER 31, _____

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