

FORM W1 11

EMPLOYER'S WITHHOLDING - MONTHLY

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 2009

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 FEBRUARY 28, 2009**

MAKE CHECK OR MONEY ORDER TO:
 THE VILLAGE OF SOUTH AMHERST
 INCOME TAX DEPT
 103 W. MAIN STREET
 SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending **JANUARY**

TAX ID

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

FORM W1 11

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Name _____
 And _____
 Address _____

Tax Year 2009

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 MARCH 31, 2009**

MAKE CHECK OR MONEY ORDER TO:
 THE VILLAGE OF SOUTH AMHERST
 INCOME TAX DEPT
 103 W. MAIN STREET
 SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending **FEBRUARY**

TAX ID

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

FORM W1 11

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Name
 And
 Address

Tax Year 2009

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 30, 2009**

MAKE CHECK OR MONEY ORDER TO:
 THE VILLAGE OF SOUTH AMHERST
 INCOME TAX DEPT
 103 W. MAIN STREET
 SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending MARCH

TAX ID

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

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Name
 And
 Address

Tax Year 2009

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 MAY 31, 2009**

MAKE CHECK OR MONEY ORDER TO:
 THE VILLAGE OF SOUTH AMHERST
 INCOME TAX DEPT
 103 W. MAIN STREET
 SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending APRIL

TAX ID

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

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Name _____

And _____

Address _____

Tax Year 2009

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 JUNE 30, 2009**

MAKE CHECK OR MONEY ORDER TO:
THE VILLAGE OF SOUTH AMHERST
INCOME TAX DEPT
103 W. MAIN STREET
SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending **MAY**

TAX ID _____

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

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Name _____

And _____

Address _____

Tax Year 2009

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 31, 2009**

MAKE CHECK OR MONEY ORDER TO:
THE VILLAGE OF SOUTH AMHERST
INCOME TAX DEPT
103 W. MAIN STREET
SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending **JUNE**

TAX ID _____

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

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Name _____

And _____

Address _____

Tax Year 2009

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 AUGUST 31, 2009**

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST
INCOME TAX DEPT
103 W. MAIN STREET
SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending **JULY**

TAX ID

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

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Name _____

And _____

Address _____

Tax Year 2009

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 SEPTEMBER 30, 2009**

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST
INCOME TAX DEPT
103 W. MAIN STREET
SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending **AUGUST**

TAX ID

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

FORM W1 11

EMPLOYER'S WITHHOLDING - MONTHLY

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Name
 And
 Address

Tax Year 2009

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 31, 2009**

MAKE CHECK OR MONEY ORDER TO:
 THE VILLAGE OF SOUTH AMHERST
 INCOME TAX DEPT
 103 W. MAIN STREET
 SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending SEPTEMBER

TAX ID

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

FORM W1 11

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Name
 And
 Address

Tax Year 2009

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 NOVEMBER 30, 2009**

MAKE CHECK OR MONEY ORDER TO:
 THE VILLAGE OF SOUTH AMHERST
 INCOME TAX DEPT
 103 W. MAIN STREET
 SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending OCTOBER

TAX ID

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

FORM W1 11

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Name _____

And _____

Address _____

Tax Year 2009

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 DECEMBER 31, 2009

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST
 INCOME TAX DEPT
 103 W. MAIN STREET
 SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending NOVEMBER

TAX ID _____

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

FORM W1 11

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And _____

Address _____

Tax Year 2009

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 31, 2010

MAKE CHECK OR MONEY ORDER TO:

THE VILLAGE OF SOUTH AMHERST
 INCOME TAX DEPT
 103 W. MAIN STREET
 SOUTH AMHERST OH 44001

Voice 440-988-2877 Fax 440-988-3535

Period Ending DECEMBER

TAX ID _____

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