

**FORM W1 11**

**EMPLOYER'S WITHHOLDING - QUARTERLY**

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 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 JAN-FEB-MAR

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 APR-MAY-JUN

TAX ID

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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 JUL-AUG-SEP

TAX ID \_\_\_\_\_

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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 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 OCT-NOV-DEC

TAX ID \_\_\_\_\_

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