

**VILLAGE OF FAYETTE
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

- 1. Taxable Earnings paid all Employees subject to
Fayette Ohio Village Income Tax-----
- 2. Actual Tax Withheld in quarter for Village Income Tax-----
- 3. Adjustment of Tax for prior quarter (attach statement)-----
- 4. TOTAL-----

FOR MONTHS OF

DUE ON OR BEFORE

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

SIGNED _____

TITLE _____

THIS RETURN MUST BE FILED ON OR BEFORE
THE DUE DATE AS SHOWN ABOVE.

DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:

Village of Fayette – Income Tax

Notify Tax Department promptly of any change in above information

Company Name and Address

Mail To:
Village of Fayette
Income Tax Department
POB 87
Fayette, OH 43521-0087
419-237-2473