
CITY OF LOUISVILLE, OHIO
215 South Mill Street
Louisville, OH 44641 (330) 875-3434

EMPLOYER'S RETURN OF TAX WITHHELD

COMPANY NAME: _____ **FIN#** _____
ADDRESS: _____

Taxable Earnings paid to all Employees subject to
Louisville, Ohio, City Income tax

	<u>DOLLARS</u>	<u>CENTS</u>
	\$ _____	_____
Actual Tax Withheld in quarter for City Income Tax	\$ _____	_____
Adjustment of Tax for prior quarter	\$ _____	_____
Interest (if applicable)	\$ _____	_____
Penalty (if applicable)	\$ _____	_____
TOTAL	\$ _____	_____

I hereby certify that the information and statements contained herein are true or correct.
(Signed) _____ (Official Title) _____

MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF LOUISVILLE

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**QUARTERLY NOTICE OF INSTALLMENT
DUE ON ESTIMATED TAXES**

MAKE CHECK OR MONEY TO:
CITY OF LOUISVILLE

NAME: _____ **SOCIAL SECURIT NUMBER** _____

<u>ESTIMATED TAX</u>	<u>CREDITS AND OR PAYMENTS</u>		<u>AMOUNT OF</u>	<u>QUARTERLY</u>
<u>DECLARED</u>	<u>DATE OF LAST CREDIT</u>	<u>TOTAL CREDIT</u>	<u>UNPAID BALANCE</u>	<u>INSTALLMENT DUE</u>

If this statement does not reflect a payment made within the last 2-3 days, please inform the tax department. Increase or decrease your estimated liability as needed. Please make any address, phone, etc. changes directly on this form.

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