

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FORT RECOVERY

201 S. MAIN STREET

PO BOX 459

FORT RECOVERY OH 45846

Voice 419-375-4580 Ext

Fax 419-375-4709

Name

And

Address

Period Ending JANUARY

TAX ID

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FORT RECOVERY

201 S. MAIN STREET

PO BOX 459

FORT RECOVERY OH 45846

Voice 419-375-4580 Ext

Fax 419-375-4709

Name

And

Address

Period Ending FEBRUARY

TAX ID

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FORT RECOVERY

201 S. MAIN STREET

PO BOX 459

FORT RECOVERY OH 45846

Voice 419-375-4580 Ext

Fax 419-375-4709

Name

And

Address

Period Ending MARCH

TAX ID

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FORT RECOVERY

201 S. MAIN STREET

PO BOX 459

FORT RECOVERY OH 45846

Voice 419-375-4580 Ext

Fax 419-375-4709

Name

And

Address

Period Ending APRIL

TAX ID

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FORT RECOVERY

201 S. MAIN STREET

PO BOX 459

FORT RECOVERY OH 45846

Voice 419-375-4580 Ext

Fax 419-375-4709

Name

And

Address

Period Ending MAY

TAX ID

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FORT RECOVERY

201 S. MAIN STREET

PO BOX 459

FORT RECOVERY OH 45846

Voice 419-375-4580 Ext

Fax 419-375-4709

Name

And

Address

Period Ending JUNE

TAX ID

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FORT RECOVERY
201 S. MAIN STREET
PO BOX 459
FORT RECOVERY OH 45846

Voice 419-375-4580 Ext Fax 419-375-4709

Name _____

And _____

Address _____

Period Ending JULY

TAX ID _____

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FORT RECOVERY
201 S. MAIN STREET
PO BOX 459
FORT RECOVERY OH 45846

Voice 419-375-4580 Ext Fax 419-375-4709

Name _____

And _____

Address _____

Period Ending AUGUST

TAX ID _____

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FORT RECOVERY

201 S. MAIN STREET

PO BOX 459

FORT RECOVERY OH 45846

Voice 419-375-4580 Ext

Fax 419-375-4709

Name

And

Address

Period Ending **SEPTEMBER**

TAX ID

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FORT RECOVERY

201 S. MAIN STREET

PO BOX 459

FORT RECOVERY OH 45846

Voice 419-375-4580 Ext

Fax 419-375-4709

Name

And

Address

Period Ending **OCTOBER**

TAX ID

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2026**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF FORT RECOVERY
201 S. MAIN STREET
PO BOX 459
FORT RECOVERY OH 45846
Voice 419-375-4580 Ext Fax 419-375-4709

Name _____

And _____

Address _____

Period Ending NOVEMBER

TAX ID _____

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

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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. 9.00% Interest @ 0.750% per month.....	6	
7. Penalty @ 50.00%.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2026

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 15, 2027**

MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF FORT RECOVERY
201 S. MAIN STREET
PO BOX 459
FORT RECOVERY OH 45846
Voice 419-375-4580 Ext Fax 419-375-4709

Name _____

And _____

Address _____

Period Ending DECEMBER

TAX ID _____

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