

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 30, 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 JAN-FEB-MAR

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 31, 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 APR-MAY-JUN

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	
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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 31, 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 JUL-AUG-SEP

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 31, 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 OCT-NOV-DEC

TAX ID

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