

EMPLOYER'S WITHHOLDING TAX RETURN

Taxes withheld for the period checked:

Lakeview Department of Taxation
PO Box 105
Lakeview, Ohio 43331
Phone (937) 843-3140
Fax (937) 843-6009

____ Jan thru March Due 4/30
____ April thru June Due 7/31
____ July thru Sept. Due 10/31
____ Oct. thru Dec. Due 1/31
OR
____ Month of _____

YEAR _____

FEIN # _____

If the withholding amount for your employees exceed \$200.00 per month,
you are required to file on a monthly basis.

- | | |
|---|-------|
| 1. Wages subject to Lakeview Tax | _____ |
| 2. Lakeview Tax 1.5% | _____ |
| 3. Adjustments to prior return | _____ |
| 4. Interest - 0.42% per month | _____ |
| 5. Penalty \$25.00 per month | _____ |
| 6. Late Payment Penalty 50% of
Unpaid Balance Due. | _____ |
| 7. TOTAL | _____ |

*2018
Employer's
Withholding
Form*

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