

**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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