

**RETURN PART 1 — KEEP PART 2 FOR YOUR RECORDS
EMPLOYER'S RETURN OF TAX WITHHELD**

CITY OF NEW CARLISLE W-1

		DOLLARS	CENTS
1. Wages paid all Employees subject to New Carlisle City Income Tax	\$		
2. Actual Tax Withheld for City Income Tax	\$		
3. Adjustment of Tax for prior period			
4. Penalty _____			
5. Interest _____			
6. Total	\$		

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____

Date

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF NEW CARLISLE

MAIL TO:

Income Tax Dept.
CITY OF NEW CARLISLE
P.O. BOX 419
NEW CARLISLE, OHIO 45344-0419
(937) 845-9492

FOR MONTHS OF

DUE ON OR BEFORE

Notify Income Tax Department promptly of any change in ownership or name and address shown above.