

North Kingsville Employers Monthly or Quarterly Return of Tax Withheld - 2016

VILLAGE OF NORTH KINGSVILLE
 INCOME TAX DEPARTMENT
 P.O. BOX 253
 NORTH KINGSVILLE OH 44068

DUE

Fed ID # _____

Name: _____

Address: _____

Signature _____ Title _____ Date _____

1. Period for Return From: _____ To: _____
2. Number of Subject Employees _____
3. Total Earnings _____
4. Non-Taxable Earnings _____
5. Taxable Earnings _____
6. Total Local Tax (1.3%) _____
7. Balance Due _____
8. Adjustments _____
9. Total Due (line 7 minus line 8) _____

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