

Hillsboro Income Tax Office RETURN OF INCOME TAX WITHHELD

Tax Rate: 1.50%

Account #:
FEIN:COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Printed Name of Responsible Party _____

Signature of Responsible Party _____

Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
Hillsboro Income Tax Office
130 North High Street
Hillsboro, OH 45133

Withholding Period	Due Date
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during period: _____ FORM TW-1

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