**VILLAGE OF SOUTH ZANESVILLE, OHIO**

**DUE DATE**

**MONTHLY**

**EMPLOYER’S RETURN OF TAX WITHHELD**

**PLEASE MAIL THIS FORM TO US – EVEN IF NO TAX IS DUE FOR THE PERIOD**

**MAKE CHECK OR MONEY ORDER TO:**

VILLAGE OF SOUTH ZANESVILLE INCOME TAX DEPARTMENT

24 EAST MAIN STREET

SOUTH ZANESVILLE. OHIO 43701

PHONE: (740) 454-0492 EXT. 105, FAX: (740) 453-4680

**PERIOD OF EMPLOYEE WITHHOLDINGS:**

**MONTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2019 MONTHLY**

**Number of Taxable Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Payroll Subject to**

**South Zanesville Earnings Tax: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**South Zanesville**

**Withholding Tax at 1.5%: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME(S) AND ADDRESS:**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(APPROVAL SIGNATURE) (DATE)***

***NOTIFY INCOME TAX DIVISION PROMPTLY OF ANY CHANGE IN***

***OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(PHONE NUMBER)***

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