

**Village of Westfield Center**  
Income Tax Department  
P. O. Box 750  
Westfield Center, Ohio 44251

**EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD**  
Due on or Before The 15th Day Of The Next Month  
Period:  
Tax Year

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

Account Number # \_\_\_\_\_

Fed. ID # \_\_\_\_\_

Company Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Total Compensation Paid this Period: \$ \_\_\_\_\_
2. Total Withheld this Period: \$ \_\_\_\_\_
3. Adjustments to prior returns: \$ \_\_\_\_\_
4. Penalty and/or Interest: \$ \_\_\_\_\_
5. Total: \$ \_\_\_\_\_

Make check or money order payable to:

**Village of Westfield Center**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Official Title)

\_\_\_\_\_  
(Date)