



HEBRON TAX DEPARTMENT  
 934 W. MAIN STREET  
 HEBRON, OH 43025  
 (740) 928-3641 FAX: (740) 928-5104

Account Number #  
 Fed. ID #

**EMPLOYER'S RETURN OF INCOME TAX WITHHELD**

For Month/Qtr Ending \_\_\_\_\_

- 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 Hebron**

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

(Signed) \_\_\_\_\_

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

Date



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