

## FORM W1 9048

## EMPLOYER'S WITHHOLDING - QUARTERLY

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
3. Taxable Earnings (from line 2). ....	3	
4. Actual Tax Withheld at 1.000 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. Interest 0.50% per month. ....	6	
7. Penalty 50%. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

Name

And

Address

**Tax Year 2024**  
I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**This return must be filed on or before the 15th of month after quarter end**

**MAKE CHECK OR MONEY ORDER TO:**

COLUMBIA TWP JEDZ TAX OFFICE

5903 HAWTHORNE AVE  
CINCINNATI OH 45227-3630

Phone 513-272-9954

Fax 513-561-5748

Quarter:

TAX ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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