

**EMPLOYER'S MONTHLY RETURN OF VILLAGE TAX WITHHELD  
FORM EMW**

[www.lexingtonohio.us](http://www.lexingtonohio.us)  
**VILLAGE OF LEXINGTON**  
**DIVISION OF TAXATION**  
**44 WEST MAIN STREET**  
**LEXINGTON, OH 44904**  
**(419) 884-7267 FAX (419) 884-1640**

I HEREBY CERTIFY THAT THE INFORMATION & STATEMENTS  
 CONTAINED ARE TRUE & CORRECT

**BUSINESS FED. I.D.** \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_

**RESPONSIBLE OFFICER** \_\_\_\_\_

**PHONE** \_\_\_\_\_

NOTIFY INCOME TAX DEPARTMENT OF ANY CHANGE IN OWNERSHIP  
 OR NAME & ADDRESS ABOVE.

**MAKE CHECK PAYABLE TO: LEXINGTON INCOME TAX**

FILING PERIOD	DUE ON OR BEFORE	TAX RATE
ENTER: MONTH	15 <sup>TH</sup> OF NEXT MONTH	1%
1.WAGES SUBJECT TO VILLAGE TAX		
2.TAX WITHHELD DURING PERIOD		
3.ADJUSTMENT TO PRIOR RETURN		
4.PENALTY		
5.INTEREST		
6.TOTAL		

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