

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 1.500 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. Interest: .42% per month. ....	6	
7. Penalty: 50% of tax due. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

**Tax Year 2025**

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 FEBRUARY 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
EAST LIVERPOOL TAX DEPARTMENT  
126 W 6th St  
East Liverpool OH 43920

Voice 330-385-5437 Ext      Fax 330-386-7865

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending JANUARY

TAX ID \_\_\_\_\_

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

**FORM W1 1493**

**EMPLOYER'S WITHHOLDING - MONTHLY**

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 1.500 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. Interest: .42% per month. ....	6	
7. Penalty: 50% of tax due. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2025**

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 MARCH 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
 EAST LIVERPOOL TAX DEPARTMENT  
 126 W 6th St  
 East Liverpool OH 43920

Voice 330-385-5437 Ext \_\_\_\_\_ Fax 330-386-7865

Period Ending FEBRUARY

**TAX ID**

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

**FORM W1 1493**

**EMPLOYER'S WITHHOLDING - MONTHLY**

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 1.500 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. Interest: .42% per month. ....	6	
7. Penalty: 50% of tax due. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2025**

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 APRIL 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
 EAST LIVERPOOL TAX DEPARTMENT  
 126 W 6th St  
 East Liverpool OH 43920

Voice 330-385-5437 Ext \_\_\_\_\_ Fax 330-386-7865

Period Ending MARCH

**TAX ID**

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

**FORM W1 1493**

**EMPLOYER'S WITHHOLDING - MONTHLY**

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 1.500 %. ....	4	
5. Adjustments of Tax for Prior Period. ....	5	
6. Interest: .42% per month. ....	6	
7. Penalty: 50% of tax due. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2025**

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 MAY 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
 EAST LIVERPOOL TAX DEPARTMENT  
 126 W 6th St  
 East Liverpool OH 43920

Voice 330-385-5437 Ext \_\_\_\_\_ Fax 330-386-7865

Period Ending APRIL

**TAX ID**

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

FORM W1 1493

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Interest: .42% per month. . . . .	6	
7. Penalty: 50% of tax due. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2025**

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 JUNE 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
 EAST LIVERPOOL TAX DEPARTMENT  
 126 W 6th St  
 East Liverpool OH 43920

Voice 330-385-5437 Ext      Fax 330-386-7865

Period Ending MAY

TAX ID

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

FORM W1 1493

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Interest: .42% per month. . . . .	6	
7. Penalty: 50% of tax due. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2025**

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 JULY 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
 EAST LIVERPOOL TAX DEPARTMENT  
 126 W 6th St  
 East Liverpool OH 43920

Voice 330-385-5437 Ext      Fax 330-386-7865

Period Ending JUNE

TAX ID

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

FORM W1 1493

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Interest: .42% per month. . . . .	6	
7. Penalty: 50% of tax due. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2025**

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 AUGUST 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
 EAST LIVERPOOL TAX DEPARTMENT  
 126 W 6th St  
 East Liverpool OH 43920

Voice 330-385-5437 Ext      Fax 330-386-7865

Period Ending JULY

TAX ID

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

FORM W1 1493

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Interest: .42% per month. . . . .	6	
7. Penalty: 50% of tax due. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

Tax Year 2025

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 SEPTEMBER 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
 EAST LIVERPOOL TAX DEPARTMENT  
 126 W 6th St  
 East Liverpool OH 43920

Voice 330-385-5437 Ext Fax 330-386-7865

Name  
 And  
 Address

Period Ending AUGUST

TAX ID

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

FORM W1 1493

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Interest: .42% per month. . . . .	6	
7. Penalty: 50% of tax due. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

Tax Year 2025

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 OCTOBER 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
 EAST LIVERPOOL TAX DEPARTMENT  
 126 W 6th St  
 East Liverpool OH 43920

Voice 330-385-5437 Ext Fax 330-386-7865

Name  
 And  
 Address

Period Ending SEPTEMBER

TAX ID

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

FORM W1 1493

EMPLOYER'S WITHHOLDING - MONTHLY

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 1.500 %. . . . .	4	
5. Adjustments of Tax for Prior Period. . . . .	5	
6. Interest: .42% per month. . . . .	6	
7. Penalty: 50% of tax due. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

Tax Year 2025

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 NOVEMBER 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
 EAST LIVERPOOL TAX DEPARTMENT  
 126 W 6th St  
 East Liverpool OH 43920

Voice 330-385-5437 Ext Fax 330-386-7865

Name  
 And  
 Address

Period Ending OCTOBER

TAX ID

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

**FORM W1 1493**

**EMPLOYER'S WITHHOLDING - MONTHLY**

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 1.500 %. . . . .	4		
5. Adjustments of Tax for Prior Period. . . . .	5		
6. Interest: .42% per month. . . . .	6		
7. Penalty: 50% of tax due. . . . .	7		
8. Total (Include Interest and Penalty if Due). . . . .	8		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2025**

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 DECEMBER 15, 2025**

**MAKE CHECK OR MONEY ORDER TO:**  
EAST LIVERPOOL TAX DEPARTMENT  
126 W 6th St  
East Liverpool OH 43920

Voice 330-385-5437 Ext      Fax 330-386-7865

Period Ending **NOVEMBER**

**TAX ID**

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

**FORM W1 1493**

**EMPLOYER'S WITHHOLDING - MONTHLY**

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		
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5. Adjustments of Tax for Prior Period. . . . .	5		
6. Interest: .42% per month. . . . .	6		
7. Penalty: 50% of tax due. . . . .	7		
8. Total (Include Interest and Penalty if Due). . . . .	8		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2025**

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 JANUARY 15, 2026**

**MAKE CHECK OR MONEY ORDER TO:**  
EAST LIVERPOOL TAX DEPARTMENT  
126 W 6th St  
East Liverpool OH 43920

Voice 330-385-5437 Ext      Fax 330-386-7865

Period Ending **DECEMBER**

**TAX ID**

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