

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 2.000 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 0.42 per month.	6	
7. 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 20__

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 30**

MAKE CHECK OR MONEY ORDER TO:
CITY OF STRUTHERS TAX DEPARTMENT
6 ELM STREET
STRUTHERS OH 44471-2060

Voice 330-755-2181 Ext Fax 330-755-2916

Name _____

And _____

Address _____

Period Ending JAN-FEB-MAR

TAX ID _____

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

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 2.000 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 0.42 per month.	6	
7. 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 20__

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 31**

MAKE CHECK OR MONEY ORDER TO:
CITY OF STRUTHERS TAX DEPARTMENT
6 ELM STREET
STRUTHERS OH 44471-2060

Voice 330-755-2181 Ext Fax 330-755-2916

Name _____

And _____

Address _____

Period Ending APR-MAY-JUN

TAX ID _____

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

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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6. 0.42 per month.	6	
7. 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 20__

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 31**

MAKE CHECK OR MONEY ORDER TO:
CITY OF STRUTHERS TAX DEPARTMENT
6 ELM STREET
STRUTHERS OH 44471-2060

Voice 330-755-2181 Ext Fax 330-755-2916

Name _____

And _____

Address _____

Period Ending JUL-AUG-SEP

TAX ID _____

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

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 2.000 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 20__

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 31**

MAKE CHECK OR MONEY ORDER TO:
CITY OF STRUTHERS TAX DEPARTMENT
6 ELM STREET
STRUTHERS OH 44471-2060

Voice 330-755-2181 Ext Fax 330-755-2916

Name _____

And _____

Address _____

Period Ending OCT-NOV-DEC

TAX ID _____

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