

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	

Name
And
Address

Tax Year 2020
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, 2020
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

Period Ending JANUARY

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	

Name
And
Address

Tax Year 2020
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, 2020
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

Period Ending FEBRUARY

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	

Name
And
Address

Tax Year 2020
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, 2020
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

Period Ending MARCH

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 2020

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, 2020

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 APRIL

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 2020

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, 2020

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 MAY

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 2020

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, 2020

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 JUNE

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	

Name _____

And _____

Address _____

Tax Year 2020

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, 2020

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

Period Ending JULY

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	

Name _____

And _____

Address _____

Tax Year 2020

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, 2020

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

Period Ending AUGUST

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	

Name _____

And _____

Address _____

Tax Year 2020

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, 2020

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

Period Ending SEPTEMBER

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

Name
 And
 Address

Tax Year 2020
 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, 2020
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

Period Ending OCTOBER

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

Name
 And
 Address

Tax Year 2020
 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, 2020
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

Period Ending NOVEMBER

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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7. 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Name
 And
 Address

Tax Year 2020
 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, 2021
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

Period Ending DECEMBER

TAX ID

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