

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 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 FEBRUARY 15**  
**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 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 MARCH 15**  
**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 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 15**  
**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 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 MAY 15**

**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 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 JUNE 15**

**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 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 15**

**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 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 AUGUST 15**  
**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 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 SEPTEMBER 15**  
**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 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 15**  
**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	
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 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 NOVEMBER 15**  
**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	
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 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 DECEMBER 15**  
**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	
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 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 15**  
**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.