FORM W1 1104 349539 EMF	PLOYER'S WITHHOLDING - QUA	ARTERLY 00001
1. Number of Taxable Employees	1	Tax Year 20
2. Total Salaries, Wages, Commissions and other Compensation paid all employees		I hereby certify that the information and statements contained her
Compensation paid all employees		in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 2.000 %	4	Phone #
5. Adjustments of Tax for Prior Period	6	THIS RETURN MUST BE FILED ON
6. 0.42 per month	7	OR BEFORE APRIL 30
8. Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:
		CITY OF STRUTHERS TAX DEPARTMENT 6 ELM STREET
Name		STRUTHERS OH 44471-2060
And		Voice 330-755-2181 Ext Fax 330-755-2916
Address		Period Ending JAN-FEB-MAR
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1104 349540 EMF	PLOYER'S WITHHOLDING - QUA	ARTERLY 00002
Number of Taxable Employees	1	Tay Voor 20
2. Total Salaries, Wages, Commissions and other		Tax Year 20 I hereby certify that the information and statements contained he
Compensation paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		Date
4. Actual Tax Withheld at 2.000 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. 0.42 per month		OR BEFORE JULY 31
7. 50%	81	MAKE CHECK OR MONEY ORDER TO:
c. retar (metade interest and remary in Bae)		CITY OF STRUTHERS TAX DEPARTMENT
Name		6 ELM STREET STRUTHERS OH 44471-2060
Ivaille		CINCINERO CIT 4447 1-2000
And		Voice 330-755-2181 Ext Fax 330-755-2916
Address		Period Ending APR-MAY-JUN
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
		NOTIFT INCOME TAX DEFACTIMENT FROMFILT OF AINT CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1104 349541 EMF	PLOYER'S WITHHOLDING - QUA	ARTERLY 00003
Number of Taxable Employees		- v
2. Total Salaries, Wages, Commissions and other		Tax Year 20 I hereby certify that the information and statements contained here
Compensation paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 2.000 %	4	Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 0.42 per month	_	OR BEFORE OCTOBER 31
7. 50%		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		CITY OF STRUTHERS TAX DEPARTMENT
		6 ELM STREET
Name		STRUTHERS OH 44471-2060
And		Valor 000 755 0404 5 1 5 000 755 000
, wid		Voice 330-755-2181 Ext Fax 330-755-2916
Address		Period Ending .IUI -AUG-SEP

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

TAX ID

FORM W1 1104 349542 EMPLOYER'S	WITHHOLDING	- QUARTERLY	00004			
Number of Taxable Employees. Total Salaries, Wages, Commissions and other Compensation paid all employees.			I hereby certify that in and in any sched	ules or exhibits att	nd statements contained here ached are true and correct.	
3. Taxable Earnings (from line 2)	3		_		Date	
4. Actual Tax Withheld at 2.000 %	4		Phone #			
5. Adjustments of Tax for Prior Period	5		THIS RETU	RN MUST B	E FILED ON	
6. 0.42 per month	6		OR BEFORE	JANUARY	31	
7. 50%	7				_	
8. Total (Include Interest and Penalty if Due)			MAKE CHECK OR MONEY ORDER TO: CITY OF STRUTHERS TAX DEPARTMENT			
		•		6 ELM STF		
Name		STRUTHERS OH 44471-2060				
And			Voice 330-755	5-2181 Ext	Fax 330-755-2916	
Address			Period Ending OCT-NOV-DEC			
		TA	TAX ID NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.			
		NOTIFY INCOME TAX D				