

FORM W1 1072

EMPLOYER'S WITHHOLDING - QUARTERLY

| | | | |
|---|---|--|--|
| 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: 1% per month. | 6 | | |
| 7. Penalty: 5% per month (\$50.00 min). | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Name _____

And _____

Address _____

Tax Year 2011
 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, 2011**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF CANAL FULTON
 155 E. MARKET ST.
 SUITE C
 CANAL FULTON OH 44614
 Voice 330-854-9448 Fax 330-854-6260

Period Ending JAN-FEB-MAR

TAX ID _____

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

FORM W1 1072

EMPLOYER'S WITHHOLDING - QUARTERLY

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Name _____

And _____

Address _____

Tax Year 2011
 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, 2011**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF CANAL FULTON
 155 E. MARKET ST.
 SUITE C
 CANAL FULTON OH 44614
 Voice 330-854-9448 Fax 330-854-6260

Period Ending APR-MAY-JUN

TAX ID _____

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

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Name _____

And _____

Address _____

Tax Year 2011
 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, 2011**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF CANAL FULTON
 155 E. MARKET ST.
 SUITE C
 CANAL FULTON OH 44614
 Voice 330-854-9448 Fax 330-854-6260

Period Ending JUL-AUG-SEP

TAX ID _____

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

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Name _____

And _____

Address _____

Tax Year 2011
 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, 2012**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF CANAL FULTON
 155 E. MARKET ST.
 SUITE C
 CANAL FULTON OH 44614
 Voice 330-854-9448 Fax 330-854-6260

Period Ending OCT-NOV-DEC

TAX ID _____

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