

**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 2012**

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, 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 JAN-FEB-MAR

TAX ID \_\_\_\_\_

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

**FORM W1 1072**

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2012**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE JULY 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 APR-MAY-JUN

TAX ID \_\_\_\_\_

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2012**

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, 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 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 2012**

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, 2013**

**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.