

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

		Dollars	Cents
1. Number of <u>Taxable</u> Employees _____			
2. Total Salaries, Wages, Commissions and other Compensation Paid all employees (*) _____	\$		
3. Less: Non Taxable items (Compensation paid non- residents for Services outside Leetonia) _____			
4. Taxable Earnings (item 2 minus item 3) _____	\$		
5. Actual Tax Withheld in quarter for City Income Tax	\$		
5a. Adjustment of Tax for prior quarter (see instructions) _____			
6. Interest (1/2% per month) or fraction thereof _____			
7. Penalty (3% per month) or fraction thereof _____			
8. Total (Include interest and penalty if due) _____	\$		

*If no wages paid this quarter, mark "None" and return this form with explanation.

FOR MONTHS OF _____

DUE ON OR BEFORE _____

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

(Signed) _____

(Official Title) _____

Owner, Partner, Member, President, Treasurer, Agent _____ Date _____

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
VILLAGE OF LEETONIA, O - INCOME TAX**

TAX RATE: (1 1/2%)

**Mail to: Income Tax Dept.
VILLAGE HALL
LEETONIA, OHIO 44431**

**If receipt is desired, enclose self
addressed, stamped envelope**

Notify Income Tax Dept. promptly of any change in ownership or name and address shown above.