

FORM W1 1072

EMPLOYER'S WITHHOLDING - MONTHLY

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 2015
 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 28, 2015**

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 **JANUARY**

TAX ID _____

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

FORM W1 1072

EMPLOYER'S WITHHOLDING - MONTHLY

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Name _____
 And _____
 Address _____

Tax Year 2015
 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 31, 2015**

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 **FEBRUARY**

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 2015

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, 2015**

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 MARCH

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 2015

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 31, 2015**

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 APRIL

TAX ID _____

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

FORM W1 1072

EMPLOYER'S WITHHOLDING - MONTHLY

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Tax Year 2015

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 30, 2015**

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

Name
And
Address

Period Ending **MAY**

TAX ID

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

FORM W1 1072

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Tax Year 2015

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, 2015**

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

Name
And
Address

Period Ending **JUNE**

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 2015
 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 31, 2015**

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 **JULY**

TAX ID _____

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

FORM W1 1072

EMPLOYER'S WITHHOLDING - MONTHLY

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Name _____
 And _____
 Address _____

Tax Year 2015
 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 30, 2015**

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 **AUGUST**

TAX ID _____

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

FORM W1 1072

EMPLOYER'S WITHHOLDING - MONTHLY

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Name _____

And _____

Address _____

Tax Year 2015
 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, 2015**

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 **SEPTEMBER**

TAX ID _____

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

FORM W1 1072

EMPLOYER'S WITHHOLDING - MONTHLY

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Name _____

And _____

Address _____

Tax Year 2015
 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 30, 2015**

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 **OCTOBER**

TAX ID _____

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

FORM W1 1072

EMPLOYER'S WITHHOLDING - MONTHLY

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Name _____

And _____

Address _____

Tax Year 2015
 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 31, 2015**

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 **NOVEMBER**

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 2015
 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, 2016**

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 **DECEMBER**

TAX ID _____

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