

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 2014**  
 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, 2014**

**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.

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		
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6. Interest: 1% per month. . . . .	6		
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8. Total (Include Interest and Penalty if Due). . . . .	8		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2014**  
 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, 2014**

**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.

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

**Tax Year 2014**

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, 2014**

**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 JUL-AUG-SEP

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

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

1. Number of Taxable Employees. . . . .	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. . . . .	2		
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7. Penalty: 5% per month (\$50.00 min). . . . .	7		
8. Total (Include Interest and Penalty if Due). . . . .	8		

**Tax Year 2014**

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, 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 OCT-NOV-DEC

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

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