

**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 2.000 %. . . . .	4		
5. Adjustments of Tax for Prior Period. . . . .	5		
6. Interest: .42% per month. . . . .	6		
7. P1 up to \$150 / P2 = 50%. . . . .	7		
8. Total (Include Interest and Penalty if Due). . . . .	8		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2021**  
 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, 2021**

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

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 2.000 %. . . . .	4		
5. Adjustments of Tax for Prior Period. . . . .	5		
6. Interest: .42% per month. . . . .	6		
7. P1 up to \$150 / P2 = 50%. . . . .	7		
8. Total (Include Interest and Penalty if Due). . . . .	8		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2021**  
 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, 2021**

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

**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 2.000 %. . . . .	4		
5. Adjustments of Tax for Prior Period. . . . .	5		
6. Interest: .42% per month. . . . .	6		
7. P1 up to \$150 / P2 = 50%. . . . .	7		
8. Total (Include Interest and Penalty if Due). . . . .	8		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2021**  
 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, 2021**

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

**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 2.000 %. . . . .	4		
5. Adjustments of Tax for Prior Period. . . . .	5		
6. Interest: .42% per month. . . . .	6		
7. P1 up to \$150 / P2 = 50%. . . . .	7		
8. Total (Include Interest and Penalty if Due). . . . .	8		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2021**  
 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, 2022**

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