

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 2022

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, 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 JAN-FEB-MAR

TAX ID _____

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

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Name _____

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Address _____

Tax Year 2022

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, 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 APR-MAY-JUN

TAX ID _____

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

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Tax Year 2022
 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, 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 JUL-AUG-SEP

TAX ID _____

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Tax Year 2022
 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, 2023**

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.