

**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 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 FEBRUARY 15, 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 **JANUARY**

**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 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 MARCH 15, 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 **FEBRUARY**

**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 2022**

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Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE APRIL 15, 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 **MARCH**

**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 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 MAY 15, 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 **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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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2022**  
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Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE JUNE 15, 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 **MAY**

**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 2022**  
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Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE JULY 15, 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 **JUNE**

**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 \_\_\_\_\_  
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 Address \_\_\_\_\_

**Tax Year 2022**  
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 Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE AUGUST 15, 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 **JULY**

**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 2022**  
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 Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE SEPTEMBER 15, 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 **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 2022**  
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Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE OCTOBER 15, 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 **SEPTEMBER**

**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 2022**  
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Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE NOVEMBER 15, 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 **OCTOBER**

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

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

**FORM W1 1072**

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Address \_\_\_\_\_

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Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
 OR BEFORE DECEMBER 15, 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 **NOVEMBER**

**TAX ID**

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

**FORM W1 1072**

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Address \_\_\_\_\_

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Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_  
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**THIS RETURN MUST BE FILED ON  
 OR BEFORE JANUARY 15, 2023**

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 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 **DECEMBER**

**TAX ID**

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