

Please mail this form back – even when no tax is due for the Period

Qualifying Wages _____ x 1.0% Tax Withheld from Employees Wages = \$ _____ for Period Checked.

FID# _____

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MAKE NAME OR ADDRESS CORRECTIONS

DATE VALIDATED

(FOR OFFICE USE ONLY)

- JAN thru MAR _____ Due 04/15
- APR thru JUN _____ Due 07/15
- JUL thru SEP _____ Due 10/15
- OCT thru DEC _____ Due 01/15
- MONTH OF _____

SIGNATURE _____ DATE _____

PHONE NUMBER _____

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