

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 1.000 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Total (Include Interest and Penalty if Due).....	6	

Tax Year 20_____

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 15th following Month

MAKE CHECK OR MONEY ORDER TO:

COLUMBIA TWP JED ZONE
5903 HAWTHORNE AVE.
FAIRFAX OH 45227-3697

Voice 513-272-9954

Fax 513-561-5748

Name _____

And _____

Address _____

Period Ending _____

TAX ID _____

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

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