



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 # _____

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 1.5%.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Total (Include Interest and Penalty if Due).....	6	

THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 20.

MAKE CHECK OR MONEY ORDER TO:
CITY OF LONDON
P O BOX 387
8 E. FIRST STREET
LONDON OH 43140-0387
Voice 740-852-0693 Fax 740-852-7044

Name _____
And _____
Address _____

Period Ending JAN-FEB-MAR

TAX ID

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



Tax Year 20

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THIS RETURN MUST BE FILED ON OR BEFORE JULY 15, 20.

MAKE CHECK OR MONEY ORDER TO:
CITY OF LONDON
P O BOX 387
8 E. FIRST STREET
LONDON OH 43140-0387
Voice 740-852-0693 Fax 740-852-7044

Name _____
And _____
Address _____

Period Ending APR-MAY-JUN

TAX ID

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



Tax Year 20

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THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 20.

MAKE CHECK OR MONEY ORDER TO:
CITY OF LONDON
P O BOX 387
8 E. FIRST STREET
LONDON OH 43140-0387
Voice 740-852-0693 Fax 740-852-7044

Name _____
And _____
Address _____

Period Ending JUL-AUG-SEP

TAX ID

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



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Tax Year 20

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Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JANUARY 15, 20**

MAKE CHECK OR MONEY ORDER TO:

CITY OF LONDON
P O BOX 387
8 E. FIRST STREET
LONDON OH 43140-0387

Voice 740-852-0693 Fax 740-852-7044

Name _____

And _____

Address _____

Period Ending OCT-NOV-DEC

TAX ID _____

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