

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. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2010**

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, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
LORAIN DEPARTMENT OF TAXATION  
605 W 4TH STREET  
LORAIN OH 44052

Voice 440-204-1002

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending JANUARY

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

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

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. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2010**

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, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
LORAIN DEPARTMENT OF TAXATION  
605 W 4TH STREET  
LORAIN OH 44052

Voice 440-204-1002

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending FEBRUARY

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

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

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. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2010**

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 15, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
LORAIN DEPARTMENT OF TAXATION  
605 W 4TH STREET  
LORAIN OH 44052

Voice 440-204-1002

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending MARCH

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

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

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. Total (Include Interest and Penalty if Due). ....	6		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2010**  
 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, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
 LORAIN DEPARTMENT OF TAXATION  
 605 W 4TH STREET  
 LORAIN OH 44052

Voice 440-204-1002

Period Ending APRIL

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

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

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. Total (Include Interest and Penalty if Due). ....	6		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2010**  
 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 JUNE 15, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
 LORAIN DEPARTMENT OF TAXATION  
 605 W 4TH STREET  
 LORAIN OH 44052

Voice 440-204-1002

Period Ending MAY

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

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

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. Total (Include Interest and Penalty if Due). ....	6		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2010**  
 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 15, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
 LORAIN DEPARTMENT OF TAXATION  
 605 W 4TH STREET  
 LORAIN OH 44052

Voice 440-204-1002

Period Ending JUNE

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

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

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. Total (Include Interest and Penalty if Due). ....	6		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2010**  
 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 AUGUST 15, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
 LORAIN DEPARTMENT OF TAXATION  
 605 W 4TH STREET  
 LORAIN OH 44052

Voice 440-204-1002

Period Ending JULY

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

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

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. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2010**

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 SEPTEMBER 15, 2010**

**MAKE CHECK OR MONEY ORDER TO:**

LORAIN DEPARTMENT OF TAXATION  
605 W 4TH STREET  
LORAIN OH 44052

Voice 440-204-1002

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending AUGUST

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

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

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. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2010**

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 15, 2010**

**MAKE CHECK OR MONEY ORDER TO:**

LORAIN DEPARTMENT OF TAXATION  
605 W 4TH STREET  
LORAIN OH 44052

Voice 440-204-1002

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending SEPTEMBER

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

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

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. Total (Include Interest and Penalty if Due). ....	6		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2010**  
 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 NOVEMBER 15, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
 LORAIN DEPARTMENT OF TAXATION  
 605 W 4TH STREET  
 LORAIN OH 44052

Voice 440-204-1002

Period Ending OCTOBER

TAX ID

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

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. Total (Include Interest and Penalty if Due). ....	6		

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2010**  
 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 DECEMBER 15, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
 LORAIN DEPARTMENT OF TAXATION  
 605 W 4TH STREET  
 LORAIN OH 44052

Voice 440-204-1002

Period Ending NOVEMBER

TAX ID

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

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. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2010**

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 15, 2011**

**MAKE CHECK OR MONEY ORDER TO:**  
LORAIN DEPARTMENT OF TAXATION  
605 W 4TH STREET  
LORAIN OH 44052

Voice 440-204-1002

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending **DECEMBER**

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

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