

1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
3. TAXABLE GROSS WAGES SUBJECT TO TAX RATE 1%	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 1.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Total (Include Interest and Penalty if Due)	7	

Tax Year

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 31,

MAKE CHECK OR MONEY ORDER TO:
SOUTH BLOOMFIELD TAX DEPARTMENT
5023 S UNION ST
S BLOOMFIELD OH 43103

Voice 740-983-2541 Fax 740-983-4531

Name _____

And _____

Address _____

Period Ending APR-MAY-JUN

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 GROSS WAGES SUBJECT TO TAX RATE 1%	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 1.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Total (Include Interest and Penalty if Due)	7	

Tax Year

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 31,

MAKE CHECK OR MONEY ORDER TO:
SOUTH BLOOMFIELD TAX DEPARTMENT
5023 S UNION ST
S BLOOMFIELD OH 43103

Voice 740-983-2541 Fax 740-983-4531

Name _____

And _____

Address _____

Period Ending JUL-AUG-SEP

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 GROSS WAGES SUBJECT TO TAX RATE 1%	3	
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5. Actual Tax Withheld at 1.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Total (Include Interest and Penalty if Due)	7	

Tax Year

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 31,

MAKE CHECK OR MONEY ORDER TO:
SOUTH BLOOMFIELD TAX DEPARTMENT
5023 S UNION ST
S BLOOMFIELD OH 43103

Voice 740-983-2541 Fax 740-983-4531

Name _____

And _____

Address _____

Period Ending OCT-NOV-DEC

TAX ID

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