

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	

Name _____
 And _____
 Address _____

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 APRIL 30, _____**

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

Period Ending JAN-FEB-MAR

TAX ID _____

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