



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 1.500 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Total (Include Interest and Penalty if Due).....	6	

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

MAKE CHECK OR MONEY ORDER TO:

CITY OF CLYDE
222 N. MAIN ST.
CLYDE OH 43410

Voice 419-547-8917 Fax 419-547-8968

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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