

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. Interest: 0.42 per month.....	6		
7. Penalty: 50%.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

**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  
225 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.