

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 1.000 %.....	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 FEBRUARY 15, 2010**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WAVERLY, INCOME TAX DEPARTMENT
P.O. BOX 427
WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

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 1.000 %.....	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 MARCH 15, 2010**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WAVERLY, INCOME TAX DEPARTMENT
P.O. BOX 427
WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

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		
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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 APRIL 15, 2010**

MAKE CHECK OR MONEY ORDER TO:
CITY OF WAVERLY, INCOME TAX DEPARTMENT
P.O. BOX 427
WAVERLY OH 45690

Voice 740-947-8177 Fax 740-947-1852

Period Ending MARCH _____

TAX ID

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