

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 AUGUST 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 JULY

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 SEPTEMBER 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 AUGUST

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 OCTOBER 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 SEPTEMBER

TAX ID

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