

- 1. Number of Taxable Employees.....
- 2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....
- 3. Taxable Earnings (from line 2).....
- 4. Actual Tax Withheld at 1.000 %.....
- 5. Adjustments of Tax for Prior Period.....
- 6. Total (include Interest and Penalty if Due).....

1		
2		
3		
4		
5		
6		

**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 JANUARY 31, 2011  
MAKE CHECK OR MONEY ORDER TO: CITY OF WAVERLY, INCOME TAX DEPARTMENT  
 P.O. BOX 427  
 WAVERLY OH 45690

Name

And

Address

Voice 740-947-8177

Fax 740-947-1852

Period Ending OCT-NOV-DEC

TAX ID

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