

If no tax was withheld for this period, please so indicate and return this form.

Name: _____
Address: _____

- 1. Total Payroll _____
- 2. Non Taxable Wages _____
- 3. Total Taxable Wages _____
- 4. Tax Withheld (1% of Line 3) _____
- 5. Adjustments _____
- 6. Penalty (See Instructions) _____
- 7. Interest (See Instructions) _____
- 8. Total _____

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

Signature _____
Title _____ Date _____