

Robert C. Schirack, City Treasurer
Canton City Income Tax
P.O. Box 9940
Canton, Ohio 44711-9940

Return of Income Tax Withheld

For Period From: 01/01/2013 **To:** 03/31/2013

Tax Rate: (If other than 2%):

Account #:

Federal ID:

If you do not have employees this period please state so and return this form.

<i>Total Salaries and Wages</i>	
1. Subject to Canton Tax	
2. Total Tax Withheld This Period	
3. Adjustments To Prior Records	
4. Penalty 6% Per Month	
5. Amount Paid Herewith	

Avoid penalty - File and pay promptly

Signature

Date

()

Title

Phone

Robert C. Schirack, City Treasurer
Canton City Income Tax
P.O. Box 9940
Canton, Ohio 44711-9940

Return of Income Tax Withheld

For Period From: 04/01/2013 **To:** 06/30/2013

Tax Rate: (If other than 2%):

Account #:

Federal ID:

If you do not have employees this period please state so and return this form.

<i>Total Salaries and Wages</i>	
1. Subject to Canton Tax	
2. Total Tax Withheld This Period	
3. Adjustments To Prior Records	
4. Penalty 6% Per Month	
5. Amount Paid Herewith	

Avoid penalty - File and pay promptly

Signature

Date

()

Title

Phone

Robert C. Schirack, City Treasurer
Canton City Income Tax
P.O. Box 9940
Canton, Ohio 44711-9940

Return of Income Tax Withheld

For Period From: 07/01/2013 **To:** 09/30/2013

Tax Rate: (If other than 2%):

Account #:

Federal ID:

If you do not have employees this period please state so and return this form.

<i>Total Salaries and Wages</i>	
1. Subject to Canton Tax	
2. Total Tax Withheld This Period	
3. Adjustments To Prior Records	
4. Penalty 6% Per Month	
5. Amount Paid Herewith	

Avoid penalty - File and pay promptly

Signature

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Robert C. Schirack, City Treasurer

Canton City Income Tax

P.O. Box 9940

Canton, Ohio 44711-9940

Return of Income Tax Withheld

For Period From: 10/01/2013 **To:** 12/31/2013

Tax Rate: (If other than 2%):

Account #:

Federal ID:

If you do not have employees this period please state so and return this form.

Total Salaries and Wages	
1. Subject to Canton Tax	
2. Total Tax Withheld This Period	
3. Adjustments To Prior Records	
4. Penalty 6% Per Month	
5. Amount Paid Herewith	

Avoid penalty - File and pay promptly

Signature

Date

()

Title

Phone