

**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: 01-01-2009 To: 01-31-2009

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: 02-01-2009 To: 02-28-2009

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: 03-01-2009 To: 03-31-2009

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: 04-01-2009 To: 04-30-2009

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 \_\_\_\_\_

( )

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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: 05-01-2009 To: 05-31-2009

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	
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Signature \_\_\_\_\_

Date \_\_\_\_\_

( )

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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: 06-01-2009 To: 06-30-2009

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 \_\_\_\_\_

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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: 07-01-2009 To: 07-31-2009

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><b>Total Salaries and Wages</b></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: 08-01-2009 To: 08-31-2009

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><b>Total Salaries and Wages</b></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: 09-01-2009 To: 09-30-2009

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><b>Total Salaries and Wages</b></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 \_\_\_\_\_

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

**Return of Income Tax Withheld**

For Period From: 10-01-2009 To: 10-31-2009

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	
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4. Penalty 6% Per Month	
5. Amount Paid Herewith	

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Signature \_\_\_\_\_

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

**Return of Income Tax Withheld**

For Period From: 11-01-2009 To: 11-30-2009

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: 12-01-2009 To: 12-31-2009

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 \_\_\_\_\_