

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. 0.42 per month.	7	
8. 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2016

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 FEBRUARY 15, 2016
MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307
Voice 330-534-6299 Fax 330-534-6282

Name _____

And _____

Address _____

Period Ending JANUARY

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. 0.42 per month.	7	
8. 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2016

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 MARCH 15, 2016
MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307
Voice 330-534-6299 Fax 330-534-6282

Name _____

And _____

Address _____

Period Ending FEBRUARY

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. Courtesy withholding for resident.	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.500 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. 0.42 per month.	7		
8. 50%.	8		
9. Total (Include Interest and Penalty if Due).	9		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307</p> <p>Voice 330-534-6299 Fax 330-534-6282</p>

Name _____

And _____

Address _____

Period Ending MARCH

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. Courtesy withholding for resident.	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.500 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. 0.42 per month.	7		
8. 50%.	8		
9. Total (Include Interest and Penalty if Due).	9		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE MAY 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307</p> <p>Voice 330-534-6299 Fax 330-534-6282</p>

Name _____

And _____

Address _____

Period Ending APRIL

TAX ID _____

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

FORM W1 1172

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Courtesy withholding for resident.	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.500 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. 0.42 per month.	7		
8. 50%.	8		
9. Total (Include Interest and Penalty if Due).	9		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307</p> <p>Voice 330-534-6299 Fax 330-534-6282</p>
--

Name _____

And _____

Address _____

Period Ending **MAY**

TAX ID _____

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

FORM W1 1172

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Courtesy withholding for resident.	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.500 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. 0.42 per month.	7		
8. 50%.	8		
9. Total (Include Interest and Penalty if Due).	9		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE JULY 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307</p> <p>Voice 330-534-6299 Fax 330-534-6282</p>
--

Name _____

And _____

Address _____

Period Ending **JUNE**

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. 0.42 per month.	7	
8. 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2016

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, 2016
MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307
Voice 330-534-6299 Fax 330-534-6282

Name _____

And _____

Address _____

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. 0.42 per month.	7	
8. 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2016

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, 2016
MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307
Voice 330-534-6299 Fax 330-534-6282

Name _____

And _____

Address _____

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. 0.42 per month.	7	
8. 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2016

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, 2016
MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307
Voice 330-534-6299 Fax 330-534-6282

Name _____

And _____

Address _____

Period Ending SEPTEMBER

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. 0.42 per month.	7	
8. 50%.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2016

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 NOVEMBER 15, 2016
MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307
Voice 330-534-6299 Fax 330-534-6282

Name _____

And _____

Address _____

Period Ending OCTOBER

TAX ID _____

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

FORM W1 1172

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Courtesy withholding for resident.	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.500 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. 0.42 per month.	7		
8. 50%.	8		
9. Total (Include Interest and Penalty if Due).	9		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307</p> <p>Voice 330-534-6299 Fax 330-534-6282</p>
--

Name _____

And _____

Address _____

Period Ending **NOVEMBER**

TAX ID _____

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

FORM W1 1172

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Courtesy withholding for resident.	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.500 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. 0.42 per month.	7		
8. 50%.	8		
9. Total (Include Interest and Penalty if Due).	9		

Tax Year 2016

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2017</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307</p> <p>Voice 330-534-6299 Fax 330-534-6282</p>

Name _____

And _____

Address _____

Period Ending **DECEMBER**

TAX ID _____

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