

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 APRIL 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 JAN-FEB-MAR

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	
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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 JULY 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 APR-MAY-JUN

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		
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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 OCTOBER 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 JUL-AUG-SEP

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		
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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 OCT-NOV-DEC

TAX ID _____

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