

1. Number of Taxable Employees.	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2		
3. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 30, 2010**

MAKE CHECK OR MONEY ORDER TO:
CITY OF BELLEFONTAINE
135 N DETROIT ST
BELLEFONTAINE OH 43311

Voice 937-593-8362 Fax 937-593-8372

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. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 31, 2010
MAKE CHECK OR MONEY ORDER TO:
CITY OF BELLEFONTAINE 135 N DETROIT ST BELLEFONTAINE OH 43311
Voice 937-593-8362 Fax 937-593-8372

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		
3. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 31, 2010
MAKE CHECK OR MONEY ORDER TO:
CITY OF BELLEFONTAINE 135 N DETROIT ST BELLEFONTAINE OH 43311
Voice 937-593-8362 Fax 937-593-8372

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. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 JANUARY 31, 2011**

MAKE CHECK OR MONEY ORDER TO:
CITY OF BELLEFONTAINE
135 N DETROIT ST
BELLEFONTAINE OH 43311

Voice 937-593-8362 Fax 937-593-8372

Name

And

Address

Period Ending OCT-NOV-DEC

TAX ID

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