FORM W1 1104	342877	EMPLOYER'S WITHHOLDIN	- MONTHLY
	Employees		Tax Year 20
	ges, Commissions and oth Il employees		I hereby certify that the information and statements contained her
Componication paid a	iii omployeee	2	in and in any schedules or exhibits attached are true and correct.
			Signed
	from line 2)		Title Date
	d at 2.000 %		Phone #
5. Adjustments of Tax	for Prior Period	5	THIS RETURN MUST BE FILED ON
7 50%		7	OR BEFORE FEBRUARY 15
8. Total (Include Inter	est and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO: CITY OF STRUTHERS TAX DEPARTMENT 6 ELM STREET
Name			STRUTHERS OH 44471-2060
And			Voice 330-755-2181 Ext Fax 330-755-2916
Address			Period Ending JANUARY
			TAX ID
			NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
2. Total Salaries, Wag	Employees	er	Tax Year 20 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
			Signed
3. Taxable Earnings (from line 2)	3	Title Date
	d at 2.000 %		Phone #
5. Adjustments of Tax	for Prior Period	5	THIS RETURN MUST BE FILED ON
6. 0.42 per month		6	OR BEFORE MARCH 15
7. 50%			MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Inter	est and Penalty if Due)		CITY OF STRUTHERS TAX DEPARTMENT
Name			6 ELM STREET STRUTHERS OH 44471-2060
And			Voice 330-755-2181 Ext Fax 330-755-2916
Address			Period Ending FEBRUARY
			TAX ID
			NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W4 4404	0.40070	EMPLOYER'S WITHHOLDIN	MONTHLY
FORM W1 1104	342879	1 1	- morrie
	Employees		Tax Year 20
	II employees		I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
			, , , , , , , , , , , , , , , , , , ,
2 T	(م. السام		Signed
	from line 2)		Title Date
	d at 2.000 %		Phone #
			THIS RETURN MUST BE FILED ON
6. 0.42 per month 7 50%		7	OR BEFORE APRIL 15
	est and Penalty if Due)		MAKE CHECK OR MONEY ORDER TO:
`	, ,,		CITY OF STRUTHERS TAX DEPARTMENT 6 ELM STREET STRUTHERS OH 44471-2060
Name			
And			Voice 330-755-2181 Ext Fax 330-755-2916
Address			Period Ending MARCH

Period Ending MARCH

FORM W1 1104 342880	EMPLOYER'S WITHHOLDING	MONTHLY
1. Number of Taxable Employees		Tax Year 20
2. Total Salaries, Wages, Commissions and o Compensation paid all employees		I hereby certify that the information and statements contained her
Compensation paid all employees		in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 2.000 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 0.42 per month	7	OR BEFORE MAY 15
8. Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:
	-	CITY OF STRUTHERS TAX DEPARTMENT 6 ELM STREET
Name		STRUTHERS OH 44471-2060
And		Voice 330-755-2181 Ext Fax 330-755-2916
Address		Period Ending APRIL
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1104 342881	EMPLOYER'S WITHHOLDING	- MONTHLY
Number of Taxable Employees	<u> </u>	
Total Salaries, Wages, Commissions and or		Tax Year 20
Compensation paid all employees	2	I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	2	Date
4. Actual Tax Withheld at 2.000 %		Phone # Date
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 0.42 per month	6	OR BEFORE JUNE 15
7. 50%		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	CITY OF STRUTHERS TAX DEPARTMENT
		6 ELM STREET
Name		STRUTHERS OH 44471-2060
And		Voice 330-755-2181 Ext Fax 330-755-2916
A 1.1		
Address		Period Ending MAY
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1104 342882	EMPLOYER'S WITHHOLDING	MONTHLY
1. Number of Taxable Employees		Tox Voor 20
2. Total Salaries, Wages, Commissions and o		Tax Year 20I hereby certify that the information and statements contained her
Compensation paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 2.000 %	4	Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 0.42 per month	6	OR BEFORE JULY 15
7. 50%	/	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	CITY OF STRUTHERS TAX DEPARTMENT
		6 ELM STREET
Name		STRUTHERS OH 44471-2060
And		
And		Voice 330-755-2181 Ext Fax 330-755-2916
Address		Desiral Follow HINE
Audicaa		Period Ending JUNE

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

FORM W1 1104 342883	EMPLOYER'S WITHHOLD	ING - MONTHLY
Number of Taxable Employees	1	Tou Voor 00
2. Total Salaries, Wages, Commissions and other		Tax Year 20 I hereby certify that the information and statements contained here
Compensation paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 2.000 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. 0.42 per month	6	OR BEFORE AUGUST 15
7. 50%		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		CITY OF STRUTHERS TAX DEPARTMENT
		6 ELM STREET
Name		STRUTHERS OH 44471-2060
And		Voice 330-755-2181 Ext Fax 330-755-2916
Address		Period Ending JULY
		_
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1104 342884	EMPLOYER'S WITHHOLD	ING - MONTHLY
1. Number of Taxable Employees		Toy Veer 20
2. Total Salaries, Wages, Commissions and other	er	Tax Year 20 I hereby certify that the information and statements contained here
Compensation paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 2.000 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. 0.42 per month	6	OR BEFORE SEPTEMBER 15
7. 50%	7	
8. Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:
,		CITY OF STRUTHERS TAX DEPARTMENT
Name		6 ELM STREET
Name		STRUTHERS OH 44471-2060
And		Voice 330-755-2181 Ext Fax 330-755-2916
7 1114		Voice 330-733-2161 Ext Fax 330-733-2916
Address		Devied Fudion ALICHET
ridaroso		Period Ending AUGUST
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1104 342885	EMPLOYER'S WITHHOLD	ING - MONTHLY
1. Number of Taxable Employees	1	
Total Salaries, Wages, Commissions and other	er	Tax Year 20
Compensation paid all employees		I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
0.7 11.5 1 (6.11.0)		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 2.000 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 0.42 per month	6	OR BEFORE OCTOBER 15
7. 50%		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	· · · · · · · · · · · · · · · · · · ·	CITY OF STRUTHERS TAX DEPARTMENT
		6 ELM STREET
Name		STRUTHERS OH 44471-2060
And		Voice 330-755-2181 Ext Fax 330-755-2916
Address		D : 15 " OFFT :
Audi 699		Period Ending SEPTEMBER

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

1. Number of Tasable Environment of Tasable E	FORM W1 1104 3	42886 EMP	LOYER'S WITHHOLDING	G - MONTHLY
Corporation for all the interpretate as a low own of the information and determination and determinati			1	Tax Year 20
3. Totable Earnings (from fine 2). 3. Totable Earnings (from fine 2). 4. Actual Tax Westeld at 2.000 %. 5. Adjustments of Tax for his Presid. 5. Total (Include feteres) and Penalty if Date). 7. 20%. Address Period Ending OCTOBER TAX ID NOTH PICKET TAX ID NOTH PI				I hereby certify that the information and statements contained here
Activate any Whitehold and 2009 % 4		,		_
Actual fax Withhold at 2,000 %	2 Tayahla Farninga (fra	m line 2)		
5. Adjustments of Tax for Poor Period. 5. C. Add per morth. 6. C. C. TY OF STRUTHERS TAX DEPARTMENT 6 ELM STRUTHERS ON 44471-2060 Voice 330-755-2916 Address Period Ending. OCTOBER TAX ID SOUTH PERCHAPITA GENERAL PROBLEM TO MAKE FOR ADMINISTRATION OF ANY DIMENSION OF ANY DIMENSIO				
6 0.42 per month. 6 1 S S S S S S S S S				
Address Committee Committ	6 0 42 per month		6	
Address Period Ending OCTOBER TAX ID Name Address Period Ending OCTOBER TAX ID NOTIFY INCIDENT TAX OPPARTMENT AND ADDRESS. Period Ending OCTOBER TAX ID NOTIFY INCIDENT TAX OPPARTMENT OF ANY CHARGE HOMERSHIP OF HAME AND ADDRESS. FORM WI 1104 342867 EMPLOYER'S WITHOLDING - MONTHLY 1. Number of Taxable Employees. 2. Investor of Taxable Employees. 3. Taxable Earrings (from line 2). 4. Address Investor and Other Components on an other Components on	7. 50%		/	MAKE CHECK OR MONEY ORDER TO:
Address Period Ending OCTOBER TAX ID ATTAY BOOKE TO DEMPRISHED ROWNER OF DEMPRISH POR MARE AND ACCRESS. FORM WI 1104 342887 EMPLOYER'S WITHHOLDING - MONTHLY 1. Number of Transibe Employees. 2. Crail Salanies, Wages, Commissions and other Componentation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withhold at 2,000 %. 5. Crail (Include Interest and Penalty If Due). Address Period Ending OCTOBER TAX ID ATTAY BOOKE TO DEMPRISHED ROWNER IN DEMPRISH POR MARE AND ACCRESS. Tax Year 20. 1. Thereby certify has the information and sittements contained her in such in any schedules or exhibit salander are into and correct. Signed Tax Year 20. 1. Thereby certify has the information and sittements contained her in such in any schedules or exhibits altered are into and correct. Signed Tax Year 20. 1. Thereby certify has the information and sittements contained her in such in any schedules or exhibits altered are into and correct. Signed Tax Year 20. 1. Thereby certify has the information and sittements contained her in such in any schedules or exhibits altered are into and correct. Signed TAX ID NOTEY BOOKE TOX CEPHATMENT PROMETLY OF ANY CHANGE IN DIVERSIBLE TOX OF ANY	8. Total (Include Interest	t and Penalty if Due)		CITY OF STRUTHERS TAX DEPARTMENT
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Address Period Ending OCTOBER TAX ID NOTIFY NOONE TAX EPROPENDENT PROMPTLY OF ANY CHANGE IN ONMERSHIP ON NAME AND ADDRESS FORM WI 1104 342887 EMPLOYER'S WITHHOLDING - MONTHLY 1. Number of Tracklo Employees. 2. Total Solatives, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withhold all exployees. 5. Adjustments of Tax for Prior Period. 6. 0.42 per month. 7. Solos. 7. Solos. 8. Total (Include Interest and Penalty if Due). 7. Solos. 8. Total (Include Interest and Penalty if Due). 9. Total Solatives, Wages, Commissions and other Compensation paid all employees. 1. Tax Year 20_ 1. Thereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Signed 1. Title Date Phone at 1. Title Ph	Name			STRUTHERS OH 44471-2060
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Thereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Signed Title				Tay Year 20
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3. Taxable Earnings (from line 2).	Compensation paid an e	imployees		
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Name And Voice 330-755-2181 Ext Fax 330-755-2916 Address Period Ending NOVEMBER TAX ID NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. FORM W1 1104 34288 EMPLOYER'S WITHHOLDING - MONTHLY 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 2.000 %. 4 5. Adjustments of Tax for Prior Period. 5 6. 0.42 per month. 6 6. 0.50%. 7 7 8. Total (include Interest and Penalty if Due). 8 8. Total (include Interest and Penalty if Due). 8 8. Total (include Interest STRUTHERS OH 44471-2060 Voice 330-755-2181 Ext Fax 330-755-2916	8. Total (Include Interest	t and Penalty if Due)		
And Address Period Ending NOVEMBER TAX ID NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. FORM W1 1104 34288 EMPLOYER'S WITHHOLDING - MONTHLY 1. Number of Taxable Employees. 1				
Address Period Ending NOVEMBER TAX ID NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. FORM W1 1104 34288	Name			STRUTHERS OH 44471-2060
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TAX ID NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. FORM W1 1104 342888 EMPLOYER'S WITHHOLDING - MONTHLY 1. Number of Taxable Employees. 1	And			Voice 330-755-2181 Ext Fax 330-755-2916
TAX ID NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. FORM W1 1104 342888 EMPLOYER'S WITHHOLDING - MONTHLY 1. Number of Taxable Employees. 1	Address			Devied Fudir v NOV/FMDED
FORM W1 1104 342888 EMPLOYER'S WITHHOLDING - MONTHLY 1. Number of Taxable Employees. 1	/ tudi 033			_
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2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2	FORM W1 1104 3	42888 EMP	LOYER'S WITHHOLDING	G - MONTHLY
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7. 50%				THIS RETURN MUST BE FILED ON
8. Total (Include Interest and Penalty if Due)	6. 0.42 per month		6	
Name And CITY OF STRUTHERS TAX DEPARTMENT 6 ELM STREET STRUTHERS OH 44471-2060 Voice 330-755-2181 Ext Fax 330-755-2916	7. 50%	t and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:
Name STRUTHERS OH 44471-2060 Voice 330-755-2181 Ext Fax 330-755-2916	o. Total (moldde interesi	Cana i Onany II Due J		
And Voice 330-755-2181 Ext Fax 330-755-2916	Name			
VOIGC 000-700-2101 EAC 1 4X 000-700-2010	ivanie			SINUINENS ON 44471-2000
Address Period Ending DECEMBER	And			Voice 330-755-2181 Ext Fax 330-755-2916
	Address			Period Ending DECEMBER

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