

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. Total (Include Interest and Penalty if Due).....	6		

Name  
And  
Address



**Tax Year**

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 15<sup>th</sup> Of**  
**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF STRUTHERS TAX DEPARTMENT  
6 ELM STREET  
STRUTHERS OH 44471-2060  
Voice 330-755-2181 Fax 330-755-2916

Period Ending

Federal TAX ID

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

**FORM W1 1104**

**EMPLOYER'S WITHHOLDING -**

00014



**Tax Year**

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 # \_\_\_\_\_

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**FORM W1 1104**

**EMPLOYER'S WITHHOLDING -**

00015



**Tax Year**

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Signed \_\_\_\_\_  
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