

1.	Number of taxable employees		DOLLARS	CENTS
2.	Gross earnings paid all employees subject to Canfield, Ohio, City Income Tax		\$	
3.	Less wages of employees under 18 (exempt from Canfield, Ohio, City Income Tax)		\$	
4.	TAXABLE EARNINGS paid all employees subject to Canfield, Ohio, City Income Tax		\$	
5.	Actual tax withheld for Canfield, Ohio, City Income Tax		\$	
6.	Less adjustment for prior withholding paid		\$ -	
7.	TOTAL AMOUNT DUE Canfield, Ohio, City Income Tax		\$	

I hereby certify that the information and statements contained herein are true and correct.

X

Signed _____ Date _____

(Title) _____ Phone _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:

City of Canfield
104 Lisbon St.
Canfield, Ohio 44406

Account No. _____

Name _____

Address _____

City, State, Zip _____

For Months of _____

Due on or Before _____

Notify Income Tax Department promptly of any changes in ownership or name and address shown above.

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