| | | Dollars | Cents |
|---|---|---|---|
| 1. Number of Taxable Employees | | | |
| 2. Total Salaries, Wages, Commissions and other Compensation Paid all employees (*) | $ | | |
| 3. Less: Non-taxable Items (Compensation paid non-residents for Services outside Lowellville) | | | |
| 4. Taxable Earnings (Item 2 minus Item 3) | $ | | |
| 5. Actual Tax Withheld in quarter for City Income Tax | $ | | |
| 5a. Adjustment of Tax for prior quarter (see instructions) | | | |
| 6. Interest (1½% per month) or fraction thereof | | | |
| 7. Penalty (3% per month) or fraction thereof | | | |
| 8. Total (Include interest and penalty if due) | $ | | |

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD
VILLAGE OF LOWELLVILLE, OH.

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

(Signed) ----------

(Official Title) ----------
Owner, Partner, Member, President, Treasurer, Agent Date

MAKE CHECK OR MONEY ORDER PAYABLE TO:
VILLAGE OF LOWELLVILLE, OH.-INCOME TAX

| FOR MONTHS OF: | TAX RATE |
|---|---|
| | Mail to: Income Tax Dept. P.O. Box 124 Lowellville, Ohio 44436 |
| DUE ON OR BEFORE: | If receipt is desired, enclose self-addressed, stamped envelope. |

*If no wages paid this quarter, mark "None" and return this form with explanation.
Notify Income Tax Dept. promptly of any change in ownership or name and address shown above.

Form EQR

CITY OF LOWELLVILLE, OHIO 19 **DELARATION OF ESTIMATED LOWELLVILLE INCOME TAX** 19 **TAX RATE 1½%**

FORM D-1 FOR CALENDAR YEAR 19 OR OTHER TAXABLE PERIOD BEGINNING _____ AND ENDING _____ 19_____.

1. TOTAL INCOME SUBJECT TO LOWELLVILLE TAX $_____ LOWELLVILLE TAX AT @ 1½% ..... $ _____
2. LESS: LOWELLVILLE TAX TO BE WITHHELD, OR CITY OF ..... $ _____
3. BALANCE ESTIMATED [redacted] TAX ..... $ _____
4. LESS CREDITS: A. OVERPAYMENT ON PREVIOUS YEAR'S RETURN ..... $ _____
   B. PREVIOUS PAYMENTS IF THIS IS AN AMENDED RETURN ..... $ _____
   C. OTHER (SPECIFY) ..... $ _____ TOTAL CREDITS ..... $ _____
5. NET TAX DUE ..... $ _____
6. IF PAST DUE ADD: INTEREST $ _____ AND PENALTY (MIN. $5.00) $ ..... $ _____
7. TOTAL AMOUNT DUE INCLUDING PENALTY AND INTEREST ..... $ _____
8. AMOUNT PAID WITH THIS ESTIMATE ..... $ _____
9. BALANCE OF ESTIMATED TAX DUE ..... $ _____

ACCOUNT NUMBER

THE UNDERSIGNED DECLARES THIS TO BE A TRUE, CORRECT AND COMPLETE DECLARATION OF LOWELLVILLE INCOME TAX FOR THE PERIOD STATED.

NOTIFY TAX ADMINISTRATOR PROMPTLY OF ANY CHANGE OF OWNERSHIP OR NAME OR ADDRESS SHOWN ABOVE

SIGNATURE TITLE

CHECK YOUR STATUS: EMPLOYEE ☐ - OWNER ☐ - PARTNERSHIP ☐ - NON-RESIDENT ☐
PROFESSIONAL ☐ - PARTNER ☐ - CORPORATION ☐ - RESIDENT ☐

SOCIAL SECURITY NO. I.D.#

IF AN EMPLOYEE YOUR EMPLOYER _____ DATE ____/____/____

Make Payments to "City of Lowellville Income Tax" and Mail to Lowellville Income Tax Dept., Lowellville, Ohio 44436.