

Robert C. Schirack, City Treasurer
Canton City Income Tax
P.O. Box 9940
Canton, Ohio 44711-9940

Return of Income Tax Withheld

For Period From: _____ To: _____

Tax Rate: (If other than 2%): _____

Account #: _____

Federal ID: _____

If you do not have employees this period please state so and return this form.

<i>Total Salaries and Wages</i>	
1. Subject to Canton Tax	
2. Total Tax Withheld This Period	
3. Adjustments To Prior Records	
4. Penalty 6% Per Month	
5. Amount Paid Herewith	

Avoid penalty - File and pay promptly

Signature _____ *Date* _____
()

Title _____ *Phone* _____

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