

1. Number of Taxable Employees.....	
2. Total Salaries, Wages, Commission and other Compensation Paid all Employees.....	\$
3. Less: Non-Taxable Items (Compensation Paid Non-resident for Services outside Chillicothe and to persons under 16 years of age).....	
4. Taxable Earning (Item 2 minus item 3).....	
5. Actual Tax Withheld at 1.6%.....	
6. Adjustment of Tax for prior quarter.....	
7. Interest and Penalty.....	
8. Total (Include interest and penalty if due).....	\$

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

(Signed) _____

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

THIS RETURN MUST BE FILED

ON OR BEFORE THE DATE AS SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO:

CITY OF CHILLICOTHE, OHIO – INCOME TAX

DUE ON OR BEFORE

MAIL TO:
CHILLICOTHE INCOME TAX DEPT
35 S. PAINT STREET
P.O. BOX 457
CHILLICOTHE, OHIO 45601-0457

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