

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 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 FEBRUARY 15, 2010**

MAKE CHECK OR MONEY ORDER TO:
CITY OF BELLEFONTAINE
135 N DETROIT ST
BELLEFONTAINE OH 43311

Voice 937-593-8362 Fax 937-593-8372

Name _____

And _____

Address _____

Period Ending JANUARY

TAX ID _____

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

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 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 MARCH 15, 2010
MAKE CHECK OR MONEY ORDER TO:
CITY OF BELLEFONTAINE 135 N DETROIT ST BELLEFONTAINE OH 43311
Voice 937-593-8362 Fax 937-593-8372

Name _____

And _____

Address _____

Period Ending FEBRUARY

TAX ID _____

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

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 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 APRIL 15, 2010
MAKE CHECK OR MONEY ORDER TO:
CITY OF BELLEFONTAINE 135 N DETROIT ST BELLEFONTAINE OH 43311
Voice 937-593-8362 Fax 937-593-8372

Name _____

And _____

Address _____

Period Ending MARCH

TAX ID _____

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

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 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE MAY 15, 2010</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF BELLEFONTAINE 135 N DETROIT ST BELLEFONTAINE OH 43311</p> <p>Voice 937-593-8362 Fax 937-593-8372</p>
--

Name _____

And _____

Address _____

Period Ending APRIL

TAX ID _____

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

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 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2010</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF BELLEFONTAINE 135 N DETROIT ST BELLEFONTAINE OH 43311</p> <p>Voice 937-593-8362 Fax 937-593-8372</p>

Name _____

And _____

Address _____

Period Ending MAY

TAX ID _____

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

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 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE JULY 15, 2010</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>CITY OF BELLEFONTAINE 135 N DETROIT ST BELLEFONTAINE OH 43311</p> <p>Voice 937-593-8362 Fax 937-593-8372</p>
--

Name _____

And _____

Address _____

Period Ending JUNE

TAX ID _____

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

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 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 # _____

<p>THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2010</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>CITY OF BELLEFONTAINE 135 N DETROIT ST BELLEFONTAINE OH 43311</p> <p>Voice 937-593-8362 Fax 937-593-8372</p>
--

Name _____

And _____

Address _____

Period Ending JULY

TAX ID _____

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

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 1.333 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. Interest 4.5%.	6	
7. Penalty \$25.00.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2010

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 SEPTEMBER 15, 2010**

MAKE CHECK OR MONEY ORDER TO:

CITY OF BELLEFONTAINE
135 N DETROIT ST
BELLEFONTAINE OH 43311

Voice 937-593-8362

Fax 937-593-8372

Name

And

Address

Period Ending AUGUST

TAX ID

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

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 1.333 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. Interest 4.5%.	6	
7. Penalty \$25.00.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2010

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 OCTOBER 15, 2010**

MAKE CHECK OR MONEY ORDER TO:

CITY OF BELLEFONTAINE
135 N DETROIT ST
BELLEFONTAINE OH 43311

Voice 937-593-8362

Fax 937-593-8372

Name

And

Address

Period Ending SEPTEMBER

TAX ID

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

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 1.333 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. Interest 4.5%.	6	
7. Penalty \$25.00.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2010

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 NOVEMBER 15, 2010
MAKE CHECK OR MONEY ORDER TO:
CITY OF BELLEFONTAINE 135 N DETROIT ST BELLEFONTAINE OH 43311
Voice 937-593-8362 Fax 937-593-8372

Name _____

And _____

Address _____

Period Ending OCTOBER

TAX ID _____

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

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 1.333 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. Interest 4.5%.	6	
7. Penalty \$25.00.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2010

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 DECEMBER 15, 2010
MAKE CHECK OR MONEY ORDER TO:
CITY OF BELLEFONTAINE 135 N DETROIT ST BELLEFONTAINE OH 43311
Voice 937-593-8362 Fax 937-593-8372

Name _____

And _____

Address _____

Period Ending NOVEMBER

TAX ID _____

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

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 1.333 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest 4.5%.	6		
7. Penalty \$25.00.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2010

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 JANUARY 15, 2011**

MAKE CHECK OR MONEY ORDER TO:
CITY OF BELLEFONTAINE
135 N DETROIT ST
BELLEFONTAINE OH 43311

Voice 937-593-8362 Fax 937-593-8372

Name
And
Address

Period Ending DECEMBER

TAX ID

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