

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	

Name _____
 And _____
 Address _____

Tax Year 2011
 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 30, 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

Period Ending JAN-FEB-MAR

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	

Name _____
 And _____
 Address _____

Tax Year 2011
 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 JULY 31, 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

Period Ending APR-MAY-JUN

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	
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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	

Name _____
 And _____
 Address _____

Tax Year 2011
 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 31, 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

Period Ending JUL-AUG-SEP

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		

Name _____
 And _____
 Address _____

Tax Year 2011

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 31, 2012**

MAKE CHECK OR MONEY ORDER TO:

CITY OF BELLEFONTAINE
 135 N DETROIT ST
 BELLEFONTAINE OH 43311

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

Period Ending OCT-NOV-DEC

TAX ID _____

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