

|  |   |  |  |
|--|---|--|--|
| 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 0.750 %.....   | 4 |  |  |
| 5. Adjustments of Tax for Prior Period.....  | 5 |  |  |
| 6. Total (Include Interest and Penalty if Due).....                                  | 6 |  |  |

Name

And

Address

**Tax Year**

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 # \_\_\_\_\_

**MAKE CHECK OR MONEY ORDER TO:**

SYCAMORE TOWNSHIP SWJEDZ

c/o Amberley Village

7149 Ridge Road

Cincinnati OH 45237

Period Ending

TAX ID

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