

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest -1.5% per month.	7	
8. Penalty -5% per month.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2009

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 28, 2009**

MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT
P O BOX 307
HUBBARD OH 44425-0307

Voice 330-534-6299 Fax 330-534-6282

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest -1.5% per month.	7	
8. Penalty -5% per month.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2009

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 31, 2009**

MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT
P O BOX 307
HUBBARD OH 44425-0307

Voice 330-534-6299 Fax 330-534-6282

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest -1.5% per month.	7	
8. Penalty -5% per month.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2009

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, 2009**

MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT
P O BOX 307
HUBBARD OH 44425-0307

Voice 330-534-6299 Fax 330-534-6282

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest -1.5% per month.	7	
8. Penalty -5% per month.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2009

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 MAY 31, 2009**

MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT
P O BOX 307
HUBBARD OH 44425-0307

Voice 330-534-6299 Fax 330-534-6282

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest -1.5% per month.	7	
8. Penalty -5% per month.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2009

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 JUNE 30, 2009**

MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT
P O BOX 307
HUBBARD OH 44425-0307

Voice 330-534-6299 Fax 330-534-6282

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest -1.5% per month.	7	
8. Penalty -5% per month.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2009

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, 2009
MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307
Voice 330-534-6299 Fax 330-534-6282

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest -1.5% per month.	7	
8. Penalty -5% per month.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2009

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 AUGUST 31, 2009
MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307
Voice 330-534-6299 Fax 330-534-6282

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. Courtesy withholding for resident.	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.500 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. Interest -1.5% per month.	7		
8. Penalty -5% per month.	8		
9. Total (Include Interest and Penalty if Due).	9		

Tax Year 2009

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 30, 2009**

MAKE CHECK OR MONEY ORDER TO:

CITY OF HUBBARD TAX DEPARTMENT
P O BOX 307
HUBBARD OH 44425-0307

Voice 330-534-6299

Fax 330-534-6282

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. Courtesy withholding for resident.	3		
4. Taxable Earnings (line 2 minus 3).	4		
5. Actual Tax Withheld at 1.500 %.	5		
6. Adjustments of Tax for Prior Period.	6		
7. Interest -1.5% per month.	7		
8. Penalty -5% per month.	8		
9. Total (Include Interest and Penalty if Due).	9		

Tax Year 2009

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, 2009**

MAKE CHECK OR MONEY ORDER TO:

CITY OF HUBBARD TAX DEPARTMENT
P O BOX 307
HUBBARD OH 44425-0307

Voice 330-534-6299

Fax 330-534-6282

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest -1.5% per month.	7	
8. Penalty -5% per month.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2009

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 30, 2009**

MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT
P O BOX 307
HUBBARD OH 44425-0307

Voice 330-534-6299 Fax 330-534-6282

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest -1.5% per month.	7	
8. Penalty -5% per month.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2009

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 31, 2009**

MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT
P O BOX 307
HUBBARD OH 44425-0307

Voice 330-534-6299 Fax 330-534-6282

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. Courtesy withholding for resident.	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest -1.5% per month.	7	
8. Penalty -5% per month.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2009

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, 2010**

MAKE CHECK OR MONEY ORDER TO:
CITY OF HUBBARD TAX DEPARTMENT
P O BOX 307
HUBBARD OH 44425-0307

Voice 330-534-6299 Fax 330-534-6282

Name _____

And _____

Address _____

Period Ending **DECEMBER**

TAX ID _____

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