

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 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. Courtesy withholding for resident. ....	3		
4. Taxable Earnings (line 2 minus 3). ....	4		
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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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE JULY 31, 2009</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307</p> <p>Voice 330-534-6299 Fax 330-534-6282</p>
--

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

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		
3. Courtesy withholding for resident. ....	3		
4. Taxable Earnings (line 2 minus 3). ....	4		
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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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 31, 2009</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF HUBBARD TAX DEPARTMENT P O BOX 307 HUBBARD OH 44425-0307</p> <p>Voice 330-534-6299 Fax 330-534-6282</p>
---

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

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. 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 OCT-NOV-DEC

TAX ID \_\_\_\_\_

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