

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 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 28, 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 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 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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE MARCH 31, 2010</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b>
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 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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE APRIL 30, 2010</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b>
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 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><b>THIS RETURN MUST BE FILED ON OR BEFORE MAY 31, 2010</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 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 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><b>THIS RETURN MUST BE FILED ON OR BEFORE JUNE 30, 2010</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 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 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><b>THIS RETURN MUST BE FILED ON OR BEFORE JULY 31, 2010</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 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 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><b>THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 31, 2010</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 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 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 30, 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 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 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 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 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 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 30, 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 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 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 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 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 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 31, 2011**

**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.