

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 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 1.5%.	6		
7. 5%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
OR BEFORE FEBRUARY 28, 2005**

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

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. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 1.5%.	6		
7. 5%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 31, 2005**

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

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. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 1.5%.	6		
7. 5%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 30, 2005**

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

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. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 1.5%.	6		
7. 5%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MAY 31, 2005**

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

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. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 1.5%.	6		
7. 5%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JUNE 30, 2005**

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

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. Taxable Earnings (from line 2).	3		
4. Actual Tax Withheld at 1.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. 1.5%.	6		
7. 5%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JULY 31, 2005**

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

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. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.500 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 1.5%.	6	
7. 5%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2005

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 _____

THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 31, 2005

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

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. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.500 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 1.5%.	6	
7. 5%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2005

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 _____

THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 30, 2005

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

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. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.500 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 1.5%.	6	
7. 5%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2005

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 _____

THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 31, 2005

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

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. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.500 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 1.5%.	6	
7. 5%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 30, 2005**

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

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. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.500 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 1.5%.	6	
7. 5%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
OR BEFORE DECEMBER 31, 2005**

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

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. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.500 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. 1.5%.	6	
7. 5%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Tax Year 2005

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 _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JANUARY 31, 2006**

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

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.