

1. Number of Taxable Employees.....	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2		
3. TAXABLE GROSS WAGES SUBJECT TO TAX RATE 1%.....	3		
4. Taxable Earnings (line 2 minus 3).....	4		
5. Actual Tax Withheld at 1.000 %.....	5		
6. Adjustments of Tax for Prior Period.....	6		
7. Total (Include Interest and Penalty if Due).....	7		

Name
 And
 Address

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 APRIL 30, 2010**

MAKE CHECK OR MONEY ORDER TO:
 SOUTH BLOOMFIELD TAX DEPARTMENT
 5023 S UNION ST
 S BLOOMFIELD OH 43103

Voice 740-983-2541 Fax 740-983-4531

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. TAXABLE GROSS WAGES SUBJECT TO TAX RATE 1%	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 1.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Total (Include Interest and Penalty if Due)	7	

Name
And
Address

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 JULY 31, 2010**

MAKE CHECK OR MONEY ORDER TO:
SOUTH BLOOMFIELD TAX DEPARTMENT
5023 S UNION ST
S BLOOMFIELD OH 43103

Voice 740-983-2541 Fax 740-983-4531

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. TAXABLE GROSS WAGES SUBJECT TO TAX RATE 1%	3	
4. Taxable Earnings (line 2 minus 3)	4	
5. Actual Tax Withheld at 1.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Total (Include Interest and Penalty if Due)	7	

Name
And
Address

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:
SOUTH BLOOMFIELD TAX DEPARTMENT
5023 S UNION ST
S BLOOMFIELD OH 43103

Voice 740-983-2541 Fax 740-983-4531

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. TAXABLE GROSS WAGES SUBJECT TO TAX RATE 1%	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.000 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Total (Include Interest and Penalty if Due)	7	

Name

And

Address

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:

SOUTH BLOOMFIELD TAX DEPARTMENT
5023 S UNION ST
S BLOOMFIELD OH 43103

Voice 740-983-2541

Fax 740-983-4531

Period Ending OCT-NOV-DEC

TAX ID

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