

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 1.000 %	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest is 0.50% of tax due per month.	6		
7. Late pay Penalty is 50% of tax due	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2025

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 the 15th of the following month

MAKE CHECK OR MONEY ORDER TO:

COLUMBIA TWP JEDZ TAX OFFICE
5903 HAWTHORNE AVE
CINCINNATI OH 45227-3630

Voice 513-272-9954 Fax 513-561-5748

MONTH Ending: _____

TAX ID / FEIN: _____

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

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