

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. Interest: .42% per month.....	6		
7. Penalty: 50% of tax due.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

Tax Year 2023

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 15, 2023**

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT
126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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. Interest: .42% per month.....	6	
7. Penalty: 50% of tax due.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2023

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 MARCH 15, 2023

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT

126 W 6th St

East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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. Interest: .42% per month.....	6	
7. Penalty: 50% of tax due.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2023

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 15, 2023

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT

126 W 6th St

East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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. Interest: .42% per month.....	6	
7. Penalty: 50% of tax due.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2023

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 MAY 15, 2023

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT
126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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. Interest: .42% per month.....	6	
7. Penalty: 50% of tax due.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2023

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 JUNE 15, 2023

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT
126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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. Interest: .42% per month.....	6	
7. Penalty: 50% of tax due.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2023

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 15, 2023**

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT

126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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. Interest: .42% per month.....	6	
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8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2023

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 AUGUST 15, 2023**

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT

126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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. Interest: .42% per month.....	6	
7. Penalty: 50% of tax due.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2023

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 15, 2023

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT

126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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. Interest: .42% per month.....	6	
7. Penalty: 50% of tax due.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2023

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 15, 2023

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT

126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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	
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6. Interest: .42% per month.....	6	
7. Penalty: 50% of tax due.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2023

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 15, 2023

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT

126 W 6th St

East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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	
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6. Interest: .42% per month.....	6	
7. Penalty: 50% of tax due.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Tax Year 2023

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 15, 2023

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT

126 W 6th St

East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

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	
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Tax Year 2023

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 15, 2024**

MAKE CHECK OR MONEY ORDER TO:

EAST LIVERPOOL TAX DEPARTMENT
126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437

Fax 330-386-7865

Name

And

Address

Period Ending DECEMBER

TAX ID

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