

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	

Name

And

Address

Tax Year 2024

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, 2024

MAKE CHECK OR MONEY ORDER TO:
EAST LIVERPOOL TAX DEPARTMENT
126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437 Ext Fax 330-386-7865

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 Earnings (from line 2).....	3	
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8. Total (Include Interest and Penalty if Due).....	8	

Name

And

Address

Tax Year 2024

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, 2024

MAKE CHECK OR MONEY ORDER TO:
EAST LIVERPOOL TAX DEPARTMENT
126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437 Ext Fax 330-386-7865

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	
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Name

And

Address

Tax Year 2024

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, 2024

MAKE CHECK OR MONEY ORDER TO:
EAST LIVERPOOL TAX DEPARTMENT
126 W 6th St
East Liverpool OH 43920

Voice 330-385-5437 Ext Fax 330-386-7865

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 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	

Name _____
 And _____
 Address _____

Tax Year 2024

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, 2025**

MAKE CHECK OR MONEY ORDER TO:
 EAST LIVERPOOL TAX DEPARTMENT
 126 W 6th St
 East Liverpool OH 43920

Voice 330-385-5437 Ext Fax 330-386-7865

Period Ending OCT-NOV-DEC

TAX ID _____

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