

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 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

Name

And

Address

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	
4. Actual Tax Withheld at 1.500 %	4	
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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	

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	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
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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 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.