

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: .750% per month.	6	
7. Penalty: 50% of tax due.	7	
8. Total (Include Interest and Penalty if Due).	8	

Name

And

Address

Tax Year 2026

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, 2026

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 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	
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Name

And

Address

Tax Year 2026

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, 2026

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 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	
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8. Total (Include Interest and Penalty if Due).	8	

Name

And

Address

Tax Year 2026

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, 2026

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 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	
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4. Actual Tax Withheld at 1.500 %	4	
5. Adjustments of Tax for Prior Period.	5	
6. Interest: .750% per month.	6	
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8. Total (Include Interest and Penalty if Due).	8	

Name

And

Address

Tax Year 2026

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, 2026**

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 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	
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8. Total (Include Interest and Penalty if Due).	8	

Name

And

Address

Tax Year 2026

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, 2026**

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 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	
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Name

And

Address

Tax Year 2026

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, 2026**

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 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	
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Name

And

Address

Tax Year 2026

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, 2026**

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 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	
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8. Total (Include Interest and Penalty if Due).	8	

Name

And

Address

Tax Year 2026

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, 2026**

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 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	
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8. Total (Include Interest and Penalty if Due).	8	

Name

And

Address

Tax Year 2026

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, 2026**

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 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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8. Total (Include Interest and Penalty if Due)	8	

Name

And

Address

Tax Year 2026

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, 2026**

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 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	
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Name

And

Address

Tax Year 2026

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, 2026**

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 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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Name

And

Address

Tax Year 2026

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, 2027**

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 DECEMBER

TAX ID

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