

Kim R. Perez, City Treasurer, Canton City Income Tax
P.O. Box 9940 Canton, Ohio 44711-9940 • cantonincometax.com

Return of Income Tax Withheld

For Period From:	To:
Tax Rate: (If other than 2.5%):	
Account #:	
Federal ID:	

If you do not have employees this period please state so and return this form.

<i>Total Salaries and Wages</i>	
1. Subject to Canton Tax	
2. Total Tax Withheld This Period	
3. Adjustments To Prior Records	
4. Interest 0.583% Per Month	
5. Late Filing Penalty	
4. Late Payment Penalty	
5. Amount Paid Herewith	

Avoid penalty - File and pay promptly

Signature _____	Date _____
	()
Title _____	Phone _____

Kim R. Perez, City Treasurer, Canton City Income Tax
P.O. Box 9940 Canton, Ohio 44711-9940 • cantonincometax.com

Return of Income Tax Withheld

For Period From:	To:
Tax Rate: (If other than 2.5%):	
Account #:	
Federal ID:	

If you do not have employees this period please state so and return this form.

<i>Total Salaries and Wages</i>	
1. Subject to Canton Tax	
2. Total Tax Withheld This Period	
3. Adjustments To Prior Records	
4. Interest 0.583% Per Month	
5. Late Filing Penalty	
4. Late Payment Penalty	
5. Amount Paid Herewith	

Avoid penalty - File and pay promptly

Signature _____	Date _____
	()
Title _____	Phone _____

Kim R. Perez, City Treasurer, Canton City Income Tax
P.O. Box 9940 Canton, Ohio 44711-9940 • cantonincometax.com

Return of Income Tax Withheld

For Period From:	To:
Tax Rate: (If other than 2.5%):	
Account #:	
Federal ID:	

If you do not have employees this period please state so and return this form.

<i>Total Salaries and Wages</i>	
1. Subject to Canton Tax	
2. Total Tax Withheld This Period	
3. Adjustments To Prior Records	
4. Interest 0.583% Per Month	
5. Late Filing Penalty	
4. Late Payment Penalty	
5. Amount Paid Herewith	

Avoid penalty - File and pay promptly

Signature _____	Date _____
	()
Title _____	Phone _____

Kim R. Perez, City Treasurer, Canton City Income Tax
P.O. Box 9940 Canton, Ohio 44711-9940 • cantonincometax.com

Return of Income Tax Withheld

For Period From:	To:
Tax Rate: (If other than 2.5%):	
Account #:	
Federal ID:	

If you do not have employees this period please state so and return this form.

<i>Total Salaries and Wages</i>	
1. Subject to Canton Tax	
2. Total Tax Withheld This Period	
3. Adjustments To Prior Records	
4. Interest 0.583% Per Month	
5. Late Filing Penalty	
4. Late Payment Penalty	
5. Amount Paid Herewith	

Avoid penalty - File and pay promptly

Signature _____	Date _____
	()
Title _____	Phone _____