

- 1. TOTAL WAGES SUBJECT TO WITHHOLDING \$ \_\_\_\_\_
- 2. WICKLIFFE TAX WITHHELD (2% OF #1) \_\_\_\_\_  
If payment is past due, complete below (See Instructions)
- 3. INTEREST (1.5% per month) \_\_\_\_\_
- 4. PENALTY (10.0% per month) \_\_\_\_\_
- 5. TOTAL \_\_\_\_\_

I HEREBY CERTIFY that the information and statements contained herein and any schedules attached are true and correct.

(Signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

OWNER, PARTNER, MEMBER, PRESIDENT, TREASURER, AGENT

If no wages paid this period mark "None" and return form with explanation.

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**WICKLIFFE INCOME TAX DEPT.**  
MAIL TO: P.O. BOX 125  
WICKLIFFE, OHIO 44092-0125

FOR PERIOD ENDING \_\_\_\_\_ DUE ON OR BEFORE \_\_\_\_\_

PLEASE MAKE NECESSARY CORRECTIONS

**THIS RETURN MUST BE FILED ON OR BEFORE  
DUE DATE AS SHOWN ABOVE**

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