



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 2.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. 5%.....	6		
7. Total (Include Interest and Penalty if Due).....	7		

Tax Year

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 # _____

MAKE CHECK OR MONEY ORDER TO:

BAINBRIDGE-SOLON JEDD
34200 Bainbridge Rd
Solon OH 44139

Voice 440-349-6310

Fax 440-349-6320

Name

And

Address

Period Ending

TAX ID

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