

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

		Dollars	Cents
1. Taxable Earnings paid all employees subject to Carlisle, Ohio, Municipality Income tax.	\$		
2. Actual Tax Withheld in quarter for Municipality Income Tax.	\$		
3. Adjustment of Tax for prior quarter (see instructions).	\$		
TOTAL	\$		

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

**THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW**

MAKE CHECK OR MONEY ORDER PAYABLE TO:
MUNICIPALITY OF CARLISLE, OHIO — INCOME TAX
FOR MONTHS OF _____

DUE ON OR BEFORE _____

MAIL TO:
Income Tax Dept.
MUNICIPALITY OF CARLISLE
760 W. CENTRAL AVE.
CARLISLE, OHIO 45005

Notify Income Tax Department promptly of any change in ownership or name and address shown above.