

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. Interest is assessed at .50% per month if not filed by due date.	6	
7. Penalty is assessed at 3.0% per month if not filed by due date.	7	
8. Total (Include Interest and Penalty if Due).	8	

Name
 And
 Address

Tax Year 2008

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 30, 2008**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF RAVENNA INCOME TAX DEPT
 PO BOX 1215
 RAVENNA OH 44266-1215

Voice 330-297-7817 Fax 330-297-2164

Period Ending JAN-FEB-MAR

TAX ID

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

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Name
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 Address

Tax Year 2008

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 31, 2008**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF RAVENNA INCOME TAX DEPT
 PO BOX 1215
 RAVENNA OH 44266-1215

Voice 330-297-7817 Fax 330-297-2164

Period Ending APR-MAY-JUN

TAX ID

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

FORM W1 1098

EMPLOYER'S WITHHOLDING - QUARTERLY

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Name

And

Address

Tax Year 2008

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 31, 2008

MAKE CHECK OR MONEY ORDER TO:

CITY OF RAVENNA INCOME TAX DEPT
PO BOX 1215
RAVENNA OH 44266-1215

Voice 330-297-7817 Fax 330-297-2164

Period Ending JUL-AUG-SEP

TAX ID

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

FORM W1 1098

EMPLOYER'S WITHHOLDING - QUARTERLY

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Name

And

Address

Tax Year 2008

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 31, 2009

MAKE CHECK OR MONEY ORDER TO:

CITY OF RAVENNA INCOME TAX DEPT
PO BOX 1215
RAVENNA OH 44266-1215

Voice 330-297-7817 Fax 330-297-2164

Period Ending OCT-NOV-DEC

TAX ID

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