

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 2.0%	4	
5. Adjustments of Tax for Prior Period	5	
6. Total (Include Interest and Penalty if Due)	6	

PERIOD

QUARTERLY

JAN THRU MARCH DUE 04/30
 APRIL THRU JUNE DUE 07/31
 JULY THRU SEPT. DUE 10/31
 OCT. THRU DEC. DUE 01/31

MONTHLY

Due Date 15th of the following month

MONTH END _____

I hereby certify that the information and statements contained here in and in any schedules attached are true and correct.

Signed _____
 Title _____ Date _____
 Phone # _____

Name _____ TAX ID: _____

And _____

Address _____

MAKE CHECK OR MONEY ORDER TO:

CITY OF READING
 EARNINGS TAX ACCOUNT
 PO BOX 640863
 CINCINNATI OH 45264-0863
 Phone (513) 733-0300 Fax (513) 842-1016

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