

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 FEBRUARY 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
WALTON HILLS - SAGAMORE HILLS JEDD
P O BOX 932501
CLEVELAND OH 44193

Voice 440-232-7800 Fax 440-232-4070

Name

And

Address

Period Ending JANUARY

TAX ID

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

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 MARCH 15, 2016
MAKE CHECK OR MONEY ORDER TO:
WALTON HILLS - SAGAMORE HILLS JEDD P O BOX 932501 CLEVELAND OH 44193
Voice 440-232-7800 Fax 440-232-4070

Name _____

And _____

Address _____

Period Ending FEBRUARY

TAX ID _____

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

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 15, 2016
MAKE CHECK OR MONEY ORDER TO:
WALTON HILLS - SAGAMORE HILLS JEDD P O BOX 932501 CLEVELAND OH 44193
Voice 440-232-7800 Fax 440-232-4070

Name _____

And _____

Address _____

Period Ending MARCH

TAX ID _____

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

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2016
 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 MAY 15, 2016

MAKE CHECK OR MONEY ORDER TO:
 WALTON HILLS - SAGAMORE HILLS JEDD
 P O BOX 932501
 CLEVELAND OH 44193

Voice 440-232-7800 Fax 440-232-4070

Period Ending APRIL

TAX ID _____

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

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Name _____

And _____

Address _____

Tax Year 2016
 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 JUNE 15, 2016

MAKE CHECK OR MONEY ORDER TO:
 WALTON HILLS - SAGAMORE HILLS JEDD
 P O BOX 932501
 CLEVELAND OH 44193

Voice 440-232-7800 Fax 440-232-4070

Period Ending MAY

TAX ID _____

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

FORM W1 1222

EMPLOYER'S WITHHOLDING - MONTHLY

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 15, 2016

MAKE CHECK OR MONEY ORDER TO:
WALTON HILLS - SAGAMORE HILLS JEDD
P O BOX 932501
CLEVELAND OH 44193

Voice 440-232-7800 Fax 440-232-4070

Name _____

And _____

Address _____

Period Ending JUNE

TAX ID _____

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

FORM W1 1222

EMPLOYER'S WITHHOLDING - MONTHLY

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 AUGUST 15, 2016

MAKE CHECK OR MONEY ORDER TO:
WALTON HILLS - SAGAMORE HILLS JEDD
P O BOX 932501
CLEVELAND OH 44193

Voice 440-232-7800 Fax 440-232-4070

Name _____

And _____

Address _____

Period Ending JULY

TAX ID _____

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

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 SEPTEMBER 15, 2016**

MAKE CHECK OR MONEY ORDER TO:

WALTON HILLS - SAGAMORE HILLS JEDD
P O BOX 932501
CLEVELAND OH 44193

Voice 440-232-7800

Fax 440-232-4070

Name

And

Address

Period Ending AUGUST

TAX ID

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

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 15, 2016**

MAKE CHECK OR MONEY ORDER TO:

WALTON HILLS - SAGAMORE HILLS JEDD
P O BOX 932501
CLEVELAND OH 44193

Voice 440-232-7800

Fax 440-232-4070

Name

And

Address

Period Ending SEPTEMBER

TAX ID

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

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 NOVEMBER 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
WALTON HILLS - SAGAMORE HILLS JEDD
P O BOX 932501
CLEVELAND OH 44193

Voice 440-232-7800 Fax 440-232-4070

Name _____

And _____

Address _____

Period Ending OCTOBER

TAX ID _____

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

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 DECEMBER 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
WALTON HILLS - SAGAMORE HILLS JEDD
P O BOX 932501
CLEVELAND OH 44193

Voice 440-232-7800 Fax 440-232-4070

Name _____

And _____

Address _____

Period Ending NOVEMBER

TAX ID _____

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

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 2.500 %.	4		
5. Adjustments of Tax for Prior Period.	5		
6. Interest on Late Payment.	6		
7. Penalty on Late Payment.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2016

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 15, 2017**

MAKE CHECK OR MONEY ORDER TO:
WALTON HILLS - SAGAMORE HILLS JEDD
P O BOX 932501
CLEVELAND OH 44193

Voice 440-232-7800 Fax 440-232-4070

Name _____

And _____

Address _____

Period Ending **DECEMBER**

TAX ID _____

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