

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 JAN-FEB-MAR

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		
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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 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

Period Ending APR-MAY-JUN

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		
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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 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

Period Ending JUL-AUG-SEP

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 OCT-NOV-DEC

TAX ID _____

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