

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 2017**

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, 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 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		
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 2017**  
 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, 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

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		
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 2017**  
 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, 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

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 2017**

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, 2018**

**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.