

I hereby certify that the information and statements contained herein are true and correct.

- 1. Taxable Earnings Subject to Stow Income Tax \$ \_\_\_\_\_
- 2. Actual Tax Withheld in period for Stow Income Tax \$ \_\_\_\_\_
- 3. Adjustment of Tax for prior period \$ \_\_\_\_\_
- 4. Penalty \$ \_\_\_\_\_
- 5. Interest \$ \_\_\_\_\_
- 6. Total \$ \_\_\_\_\_

Signed \_\_\_\_\_

Official Title \_\_\_\_\_

Date \_\_\_\_\_

COMPANY NAME, FEDERAL EIN, ADDRESS

For the Quarter and Year of:

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**CITY OF STOW INCOME TAX**

Quarterly withholding tax is due on or before the last day of the following month.

**P.O. BOX 3649  
AKRON, OHIO 44309**