

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 Month and Year of:

MAKE CHECK OR MONEY ORDER PAYABLE TO:

**CITY OF STOW INCOME TAX**

Monthly withholding tax is due on or before the 15th of the following month.

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