

1. Number of Taxable Employees	1	PERIOD QUARTERLY — JAN THRU MARCH DUE 04/30 — APRIL THRU JUNE DUE 07/31 — JULY THRU SEPT. DUE 10/31 — OCT. THRU DEC. DUE 01/31 MONTHLY Due Date 15 th of the following month MONTH END _____ I hereby certify that the information and statements contained here in and in any schedules attached are true and correct. Signed _____ Title _____ Date _____ Phone # _____
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	2	
3. Taxable Earnings (from line 2)	3	
4. Actual Tax Withheld at 2.0%	4	
5. Adjustments of Tax for Prior Period	5	
6. Total (Include Interest and Penalty if Due)	6	
Name _____ TAX ID: _____ And _____ Address _____		MAKE CHECK OR MONEY ORDER TO: CITY OF READING EARNINGS TAX ACCOUNT PO BOX 632119 CINCINNATI OH 45263-2119 Phone (513) 733-0300 Fax (513) 842-1016

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