

**CITY OF PORT CLINTON - DEPARTMENT OF TAXATION  
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

See instructions on reverse side.

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.  
(Signed) .....

Official Title: .....  
Owner, Partner, Member, President, Treasurer, Agent. Date

**THIS RETURN MUST BE FILED WITHIN  
30 DAYS OF QUARTER ENDING DATE.  
MAKE CHECK OR MONEY ORDER PAYABLE TO:  
"CITY OF PORT CLINTON - TAX DEPT."**

1. Total Gross Payroll subject to Port Clinton income tax		
2. PC Tax withheld at 1.5%		
FOR OFFICE USE ONLY		
3. Penalty (Greater of 6% or \$25.00 per month)		
4. Interest (1.5% per month)		
5. TOTAL PAYABLE (Include interest and penalty if due)		

If no taxable income paid this quarter, mark "NONE" and return this form with explanation.

FOR MONTHS OF

DUE ON OR BEFORE

**MAIL TO:**

**DEPARTMENT OF TAXATION  
CITY OF PORT CLINTON  
1868 East Perry Street  
Port Clinton, Ohio 43452-1499**

Notify Tax Dept. promptly of any change in ownership or name and address shown above.

**TAX DEPARTMENT COPY**

If receipt is desired, return Taxpayer's Copy of this form and enclose self-addressed, stamped envelope.