

NAME			WTM	
ADDRESS				16105599990101
CITY, STATE & ZIP CODE				
I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.				
SIGNATURE (DF OWNER, PARTNER OR AUTHORIZ	ED AGENT		
FORM RI-941M REVD 09/2022	TITLE	DATE	TAX AMOUNT DUE AND PAIL	, \$
	ACCOUNT IDENTIFICATION NUMBER	RETURN FOR MONTH ENDING		·•