CITY OF MORAINE: STATEMENT OF EMPLOYER'S TAX WITHHELD _____ 2016

QUARTERLY

PLEASE REMIT TO:

CITY OF MORAINE

INCOME TAX DEPARTMENT

4200 DRYDEN RD

MORAINE, OH 45439

(937) 535-1026

FEDERAL ID: _____

	LIABILITY	COURTESY
1. GROSS WAGES THIS PERIOD	$	$
2. INCOME TAX WITHHELD (2.5% OF GROSS PAYROLL)	$	$
3. PREVIOUS PERIOD ADJUSTMENT (ATTACH STATEMENT)	$	$
4. LATE PENALTY 50% (AFTER THE 15TH)	$	$
5. AMOUNT DUE AND PAYABLE	$	$

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

SIGNATURE TITLE DATE

PRINT NAME PRINT TITLE PHONE

COMPANY NAME

MAILING ADDRESS

CHECK HERE TO INACTIVATE THIS ACCOUNT ☐

INACTIVE DATE _____ EXPLANATION _____

DATE DUE _____ 15TH

CITY OF MORAINE: STATEMENT OF EMPLOYER'S TAX WITHHELD _____ 2016

QUARTERLY

PLEASE REMIT TO:

CITY OF MORAINE

INCOME TAX DEPARTMENT

4200 DRYDEN RD

MORAINE, OH 45439

(937) 535-1026

FEDERAL ID: _____

	LIABILITY	COURTESY
1. GROSS WAGES THIS PERIOD	$	$
2. INCOME TAX WITHHELD (2.5% OF GROSS PAYROLL)	$	$
3. PREVIOUS PERIOD ADJUSTMENT (ATTACH STATEMENT)	$	$
4. LATE PENALTY 50% (AFTER THE 15TH)	$	$
5. AMOUNT DUE AND PAYABLE	$	$

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

SIGNATURE TITLE DATE

PRINT NAME PRINT TITLE PHONE

COMPANY NAME

MAILING ADDRESS

CHECK HERE TO INACTIVATE THIS ACCOUNT ☐

INACTIVE DATE _____ EXPLANATION _____

DATE DUE _____ 15TH