

CITY OF MORAINE

STATEMENT OF EMPLOYER'S TAX WITHHELD

Please remit to: City of Moraine - Income Tax Division
4200 Dryden Rd
Moraine OH 45439

Month & Year

Federal ID: _____

I have examined this return and to the best of my knowledge it is correct.

Signature: _____ Date: _____

Printed Name & Title: _____

Company Name: _____

Phone Number: _____

Mailing Address: _____

	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 15 th)	\$ _____	\$ _____
5) Amount due and payable:	\$ _____	\$ _____

Check to inactivate account
Inactive date: _____

Reason for Inactivating: _____

Date Due _____ 15th

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