

CITY OF MORAINÉ: STATEMENT OF EMPLOYER'S TAX WITHHELD

2018

MONTH

PLEASE REMIT TO:  
 CITY OF MORAINÉ  
 INCOME TAX DEPARTMENT  
 4200 DRYDEN RD  
 MORAINÉ, OH 45439  
 (937) 535-1026

FEDERAL ID: \_\_\_\_\_

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

DATE DUE \_\_\_\_\_ 15th

	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	\$ _____	\$ _____

CHECK HERE TO INACTIVATE THIS ACCOUNT

INACTIVE DATE \_\_\_\_\_ EXPLANATION \_\_\_\_\_

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