

CITY OF MORAIN: STATEMENT OF EMPLOYER'S TAX WITHHELD

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

FEDERAL ID: _____
MONTH _____

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

	LIABILITY
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 _____

DATE DUE _____ 15th

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2018

COURTESY

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