

CITY OF MORaine: STATEMENT OF EMPLOYER'S TAX WITHHELD

2017
QUARTERLY

PLEASE REMIT TO:
 CITY OF MORaine
 INCOME TAX DEPARTMENT
 4200 DRYDEN RD
 MORaine, 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 _____ **30th**

	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 30TH)	\$ _____	\$ _____
5. AMOUNT DUE AND PAYABLE	\$ _____	\$ _____

CHECK HERE TO INACTIVATE THIS ACCOUNT

INACTIVE DATE _____ EXPLANATION _____

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