CITY OF MORAINE: STATEMENT OF EMPLOYER'S TAX WITHHELD _____ 2019

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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