

CITY OF MORAINES: STATEMENT OF EMPLOYER'S TAX WITHHELD

2021  
QUARTERLY

PLEASE REMIT TO:  
CITY OF MORAINES  
INCOME TAX DEPARTMENT  
4200 DRYDEN RD  
MORAINES, 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<br>(2.5% OF GROSS PAYROLL)   | \$ _____  | \$ _____ |
| 3. PREVIOUS PERIOD ADJUSTMENT<br>(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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