

# CITY OF MORAINE

## ANNUAL RECONCILIATION OF TAX WITHHELD FROM WAGES

COMPANY NAME: \_\_\_\_\_ FEIN: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Please remit to: \_\_\_\_\_ NUMBER OF W-2'S ATTACHED: \_\_\_\_\_

City of Moraine  
Income Tax Division  
4200 Dryden Rd  
Moraine, OH 45439

Per ORC 718 and Moraine Chapter 185.051(H) the following must be provided:

- Names, addresses and social security numbers for all employees
- Qualifying wages tax was withheld or should have been withheld
- Amount of Moraine tax withheld
- Name and amount of every other municipal tax withheld

	GROSS PAYROLL	PAYROLL <b>NOT</b> SUBJECT TO TAX	PAYROLL SUBJECT TO TAX	TAXABLE PAYROLL X 2.5%	TAX PAID PER COMPANY RECORDS
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
<b>TOTALS</b>					

I have examined this form and to the best of my knowledge,  
this information is correct.

TOTAL TAX DUE:

TOTAL TAX PAID:

BALANCE DUE:

Print name:

Signature:

Date:

REFUND:

Title:

Phone Number:

Balance owed is due on or before  
February 28th