

CITY OF MORaine: STATEMENT OF EMPLOYER'S TAX WITHHELD

2023

MONTH

PLEASE REMIT TO:

FEDERAL ID: \_\_\_\_\_

CITY OF MORaine

INCOME TAX DEPARTMENT

4200 DRYDEN RD

MORaine, OH 45439

(937) 535-1026

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 \_\_\_\_\_ 15th

	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 15TH)	\$ _____	\$ _____
5. AMOUNT DUE AND PAYABLE	\$ _____	\$ _____

CHECK HERE TO INACTIVATE THIS ACCOUNT

INACTIVE DATE \_\_\_\_\_ EXPLANATION \_\_\_\_\_

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