

CITY OF MORaine: STATEMENT OF EMPLOYER'S TAX WITHHELD

2024

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

Table with 3 columns: Description, LIABILITY, COURTESY. Rows include: 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

CITY OF MORaine: STATEMENT OF EMPLOYER'S TAX WITHHELD

2024

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

Table with 3 columns: Description, LIABILITY, COURTESY. Rows include: 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