

CITY OF MORaine: STATEMENT OF EMPLOYER'S TAX WITHHELD

2024
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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