

CITY OF MORAINE: STATEMENT OF EMPLOYER'S TAX WITHHELD

2009

PLEASE REMIT TO:
CITY OF MORAINE
INCOME TAX DEPARTMENT
4200 DRYDEN RD.
MORAINE, OH 45439
(937) 535-1026

MONTH

FEDERAL ID: _____

LIABILITY

COURTESY

- 1. GROSS WAGES THIS PERIOD \$ _____ \$ _____
- 2. INCOME TAX WITHHELD
(2% OF GROSS PAYROLL) \$ _____ \$ _____
- 3. PREVIOUS PERIOD ADJUSTMENT
(ATTACH STATEMENT) \$ _____ \$ _____
- 4. AMOUNT DUE AND PAYABLE \$ _____

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

CHECK HERE TO INACTIVATE THIS ACCOUNT:

INACTIVE DATE _____ EXPLANATION: _____

FORM W-1

DATE DUE: 15, 2009

USE THE PRE-ADDRESSED LABEL WITHIN THIS COUPON BOOK