

CITY OF MORAINE: STATEMENT OF EMPLOYER'S TAX WITHHELD

_____ **2010**

MONTH

FEDERAL ID: _____

PLEASE REMIT TO:
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

FORM W-1

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	\$ _____	

CHECK HERE TO INACTIVATE THIS ACCOUNT:

INACTIVE DATE _____ EXPLANATION: _____

DATE DUE: _____ 15th
USE THE PRE-ADDRESSED LABEL WITHIN THIS COUPON BOOK