

**CITY OF MORAINE: STATEMENT OF EMPLOYER'S TAX WITHHELD**

\_\_\_\_\_ **2010**  
**QUARTERLY**  
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: \_\_\_\_\_ 15<sup>th</sup>**  
USE THE PRE-ADDRESSED LABEL WITHIN THIS COUPON BOOK