

## Village of Mt. Orab Employer Withholding Form

Directions: Enter the tax year, the appropriate amounts in Lines 1 to 9, company Name and Address, the Period Ending for which the report represents and the federal Tax ID number. Remit any payment due to the "Village of Mt. Orab".

Report and any remittance due must be postmarked thirty (30) days after the Period Ending date.

FORM W1 1124	EMPLOYER'S WITHHOLDING	
1 Number of Taxable Employees .....	1	
2 Total Salaries, Wages, Commissions and other Compensation paid all employees .....	2	
3 Less payroll not subject to tax .....	3	
4 Taxable Earnings (line 2 minus 3) .....	4	
5 Actual Tax Withheld at 1.000 % .....	5	
6 Adjustments of Tax for Prior Period .....	6	
7 Interest charge 1/2% per month .....	7	
8 Late fee \$5.00 per month (max \$50.00) .....	8	
9 Total (Include Interest and Penalty if Due) .....	9	

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year** \_\_\_\_\_

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

<p><b>MAKE CHECK OR MONEY ORDER TO:</b>                  VILLAGE OF MT. ORAB                  Income Tax Bureau                  P.O Box 268                  Mt. Orab, OH 45154                  Voice 937-444-2945      Fax 937-444-9241</p>
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Period Ending \_\_\_\_\_

TAX ID \_\_\_\_\_

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS