

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 1.350 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest Rate: .50 Per Month.	7	
8. Penalty: 50% of Tax Withheld.	8	
9. Total (Include Interest and Penalty if Due).	9	

Name

And

Address

Tax Year 2022

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE FEBRUARY 28, 2022**

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU
 211 South High St.
 P.O Box 268
 Mt. Orab, OH 45154
 Voice 937-444-2945 Ext 215 Fax 937-444-9241

Period Ending JANUARY

TAX ID

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

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 1.350 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest Rate: .50 Per Month.	7	
8. Penalty: 50% of Tax Withheld.	8	
9. Total (Include Interest and Penalty if Due).	9	

Name

And

Address

Tax Year 2022

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 31, 2022**

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU
 211 South High St.
 P.O Box 268
 Mt. Orab, OH 45154
 Voice 937-444-2945 Ext 215 Fax 937-444-9241

Period Ending FEBRUARY

TAX ID

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

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 1.350 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest Rate: .50 Per Month.	7	
8. Penalty: 50% of Tax Withheld.	8	
9. Total (Include Interest and Penalty if Due).	9	

Name

And

Address

Tax Year 2022

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 30, 2022**

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU
 211 South High St.
 P.O Box 268
 Mt. Orab, OH 45154
 Voice 937-444-2945 Ext 215 Fax 937-444-9241

Period Ending MARCH

TAX ID

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

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 1.350 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Interest Rate: .50 Per Month	7	
8. Penalty: 50% of Tax Withheld	8	
9. Total (Include Interest and Penalty if Due)	9	

Tax Year 2022

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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE MAY 31, 2022

MAKE CHECK OR MONEY ORDER TO:

MT. ORAB INCOME TAX BUREAU
211 South High St.
P.O Box 268
Mt. Orab, OH 45154

Voice 937-444-2945 Ext 215 Fax 937-444-9241

Name

And

Address

Period Ending APRIL

TAX ID

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

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 1.350 %	5	
6. Adjustments of Tax for Prior Period	6	
7. Interest Rate: .50 Per Month	7	
8. Penalty: 50% of Tax Withheld	8	
9. Total (Include Interest and Penalty if Due)	9	

Tax Year 2022

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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE JUNE 30, 2022

MAKE CHECK OR MONEY ORDER TO:

MT. ORAB INCOME TAX BUREAU
211 South High St.
P.O Box 268
Mt. Orab, OH 45154

Voice 937-444-2945 Ext 215 Fax 937-444-9241

Name

And

Address

Period Ending MAY

TAX ID

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

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 1.350 %	5	
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7. Interest Rate: .50 Per Month	7	
8. Penalty: 50% of Tax Withheld	8	
9. Total (Include Interest and Penalty if Due)	9	

Tax Year 2022

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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE JULY 31, 2022

MAKE CHECK OR MONEY ORDER TO:

MT. ORAB INCOME TAX BUREAU
211 South High St.
P.O Box 268
Mt. Orab, OH 45154

Voice 937-444-2945 Ext 215 Fax 937-444-9241

Name

And

Address

Period Ending JUNE

TAX ID

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

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 1.350 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest Rate: .50 Per Month.	7	
8. Penalty: 50% of Tax Withheld.	8	
9. Total (Include Interest and Penalty if Due).	9	

Name
And
Address

Tax Year 2022

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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 31, 2022

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU
 211 South High St.
 P.O Box 268
 Mt. Orab, OH 45154
 Voice 937-444-2945 Ext 215 Fax 937-444-9241

Period Ending JULY

TAX ID

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

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 1.350 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest Rate: .50 Per Month.	7	
8. Penalty: 50% of Tax Withheld.	8	
9. Total (Include Interest and Penalty if Due).	9	

Name
And
Address

Tax Year 2022

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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 30, 2022

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU
 211 South High St.
 P.O Box 268
 Mt. Orab, OH 45154
 Voice 937-444-2945 Ext 215 Fax 937-444-9241

Period Ending AUGUST

TAX ID

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

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	
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7. Interest Rate: .50 Per Month.	7	
8. Penalty: 50% of Tax Withheld.	8	
9. Total (Include Interest and Penalty if Due).	9	

Name
And
Address

Tax Year 2022

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 # _____

THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 31, 2022

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU
 211 South High St.
 P.O Box 268
 Mt. Orab, OH 45154
 Voice 937-444-2945 Ext 215 Fax 937-444-9241

Period Ending SEPTEMBER

TAX ID

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

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 1.350 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Interest Rate: .50 Per Month.....	7	
8. Penalty: 50% of Tax Withheld.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 2022

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 30, 2022**

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU
 211 South High St.
 P.O Box 268
 Mt. Orab, OH 45154
 Voice 937-444-2945 Ext 215 Fax 937-444-9241

Name

And

Address

Period Ending **OCTOBER**

TAX ID

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

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 1.350 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Interest Rate: .50 Per Month.....	7	
8. Penalty: 50% of Tax Withheld.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 2022

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE DECEMBER 31, 2022**

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU
 211 South High St.
 P.O Box 268
 Mt. Orab, OH 45154
 Voice 937-444-2945 Ext 215 Fax 937-444-9241

Name

And

Address

Period Ending **NOVEMBER**

TAX ID

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

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 1.350 %.....	5	
6. Adjustments of Tax for Prior Period.....	6	
7. Interest Rate: .50 Per Month.....	7	
8. Penalty: 50% of Tax Withheld.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 2022

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 # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JANUARY 31, 2023**

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU
 211 South High St.
 P.O Box 268
 Mt. Orab, OH 45154
 Voice 937-444-2945 Ext 215 Fax 937-444-9241

Name

And

Address

Period Ending **DECEMBER**

TAX ID

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