

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

Tax Year 2024

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, 2024**

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

Fax 937-444-9241

Name _____

And _____

Address _____

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	
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7. Interest Rate: .833 Per Month.....	7	
8. Penalty: 50% of Tax Withheld.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 2024

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, 2024**

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

Fax 937-444-9241

Name _____

And _____

Address _____

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

Tax Year 2024

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, 2024

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

Fax 937-444-9241

Name _____

And _____

Address _____

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

Tax Year 2024

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, 2024

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

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

Tax Year 2024

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, 2024**

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

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

Tax Year 2024

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, 2024**

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

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	
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7. Interest Rate: .833 Per Month.....	7	
8. Penalty: 50% of Tax Withheld.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 2024

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, 2024**

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

Fax 937-444-9241

Name _____

And _____

Address _____

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	
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7. Interest Rate: .833 Per Month.....	7	
8. Penalty: 50% of Tax Withheld.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 2024

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, 2024**

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

Fax 937-444-9241

Name _____

And _____

Address _____

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	
4. Taxable Earnings (line 2 minus 3).....	4	
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7. Interest Rate: .833 Per Month.....	7	
8. Penalty: 50% of Tax Withheld.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 2024

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, 2024
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 Fax 937-444-9241

Name _____

And _____

Address _____

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

Tax Year 2024

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, 2024
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 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	
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6. Adjustments of Tax for Prior Period.....	6	
7. Interest Rate: .833 Per Month.....	7	
8. Penalty: 50% of Tax Withheld.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 2024

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, 2024**

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

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	
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7. Interest Rate: .833 Per Month.....	7	
8. Penalty: 50% of Tax Withheld.....	8	
9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 2024

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, 2025**

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

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.