

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 2025

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 18, 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 JAN 15

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

Tax Year 2025

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 3, 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 JAN 31

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: .833 Per Month.....	7	
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Tax Year 2025

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 18, 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 FEB 15

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 2025

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 3, 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 FEB 28

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

Tax Year 2025

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 18, 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 MAR 15

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	
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Tax Year 2025

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 3, 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 MAR 31

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	
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8. Penalty: 50% of Tax Withheld.....	8	
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Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE APRIL 18, 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 APR 15

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	
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Tax Year 2025

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 3, 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 APR 30

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	
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Tax Year 2025

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 18, 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 MAY 15

TAX ID _____

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

1. Number of Taxable Employees.....	1	
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Tax Year 2025

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 3, 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 MAY 31

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	
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Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JUNE 18, 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 JUN 15

TAX ID _____

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

1. Number of Taxable Employees.....	1	
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Tax Year 2025

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 3, 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 JUN 30

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	
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Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE JULY 18, 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 JUL 15

TAX ID _____

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

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Tax Year 2025

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 3, 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 JUL 31

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	
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Tax Year 2025

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 18, 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 AUG 15

TAX ID _____

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

1. Number of Taxable Employees.....	1	
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Tax Year 2025

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 3, 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 AUG 31

TAX ID _____

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

1. Number of Taxable Employees.....	1	
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9. Total (Include Interest and Penalty if Due).....	9	

Tax Year 2025

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 18, 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 SEP 15

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	
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Tax Year 2025

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 3, 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 SEP 30

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	
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Tax Year 2025

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 18, 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 OCT 15

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	
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Tax Year 2025

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 3, 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 OCT 31

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	
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Tax Year 2025

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 18, 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 NOV 15

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	
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Tax Year 2025

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 3, 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 NOV 30

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	
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Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
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MAKE CHECK OR MONEY ORDER TO:

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P.O Box 268

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Fax 937-444-9241

Name _____

And _____

Address _____

Period Ending DEC 15

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	
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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 2025

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 3, 2026**

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 DEC 31

TAX ID _____

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