

FORM W1 1124**EMPLOYER'S WITHHOLDING - MONTHLY**

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

Name

And

Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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

Period Ending JANUARY

TAX ID

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

FORM W1 1124**EMPLOYER'S WITHHOLDING - MONTHLY**

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

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Title _____ Date _____

Phone # _____

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

Period Ending FEBRUARY

TAX ID

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

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Tax Year 2026

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, 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

Period Ending MARCH

TAX ID

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

FORM W1 1124**EMPLOYER'S WITHHOLDING - MONTHLY**

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Tax Year 2026

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE MAY 31, 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

Period Ending APRIL

TAX ID

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

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Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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

Period Ending MAY

TAX ID

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JULY 31, 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

Period Ending JUNE

TAX ID

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

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Tax Year 2026

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, 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

Period Ending JULY

TAX ID

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

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Address

Tax Year 2026

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, 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

Period Ending AUGUST

TAX ID

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

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And

Address

Tax Year 2026

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, 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

Period Ending SEPTEMBER

TAX ID

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

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Tax Year 2026

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, 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

Period Ending OCTOBER

TAX ID

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

FORM W1 1124**EMPLOYER'S WITHHOLDING - MONTHLY**

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Address

Tax Year 2026

I hereby certify that the information and statements contained herein 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, 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

Period Ending NOVEMBER

TAX ID

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

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 31, 2027**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

Period Ending DECEMBER

TAX ID

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