



- 1. Number of Taxable Employees .....
- 2. Total Salaries, Wages, Commissions and other Compensation paid all employees .....
- 3. Less payroll not subject to tax .....
- 4. Taxable Earnings (line 2 minus 3) .....
- 5. Actual Tax Withheld at 1.350 % .....
- 6. Adjustments of Tax for Prior Period .... , .....
- 7. Interest Rate: 50 Per Month .....
- 8. Penalty: 50% of Tax Withheld .....
- 9. Total (Include Interest and Penalty if Due) .....

1		
2		
3		
4		
6		
7		
8		
9		

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

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

Email: Mtorabtax@mtoraboh.us

**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

TAX ID

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