

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 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 JAN-FEB-MAR

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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Name

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 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 APR-MAY-JUN

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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Name

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 JUL-AUG-SEP

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	

Name

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 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 OCT-NOV-DEC

TAX ID

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