

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

Name _____
 And _____
 Address _____

Tax Year 2020
 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 4, 2020**

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.

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

Name _____
 And _____
 Address _____

Tax Year 2020
 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 5, 2020**

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.

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

Tax Year 2020

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 5, 2020**

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.

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

Tax Year 2020

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 5, 2020**

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

Tax Year 2020

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 5, 2020**

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

Tax Year 2020

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 5, 2020**

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

Tax Year 2020

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 5, 2020**

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	
5. Actual Tax Withheld at 1.350 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest Rate: .50 Per Month.	7	
8. Penalty: 50% of Tax Withheld.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2020

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 5, 2020**

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	
5. Actual Tax Withheld at 1.350 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest Rate: .50 Per Month.	7	
8. Penalty: 50% of Tax Withheld.	8	
9. Total (Include Interest and Penalty if Due).	9	

Tax Year 2020

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 5, 2020**

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

Tax Year 2020

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 5, 2020**

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	
5. Actual Tax Withheld at 1.350 %	5	
6. Adjustments of Tax for Prior Period.	6	
7. Interest Rate: .50 Per Month.	7	
8. Penalty: 50% of Tax Withheld.	8	
9. Total (Include Interest and Penalty if Due).	9	

Name _____
 And _____
 Address _____

Tax Year 2020
 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 5, 2021**

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.

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

Name _____
 And _____
 Address _____

Tax Year 2020
 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 5, 2021**

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.