

**FORM W1 1124**

**EMPLOYER'S WITHHOLDING - QUARTERLY**

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 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

Period Ending JAN-FEB-MAR

TAX ID \_\_\_\_\_

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

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Name \_\_\_\_\_  
 And \_\_\_\_\_  
 Address \_\_\_\_\_

**Tax Year 2020**

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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

Period Ending APR-MAY-JUN

TAX ID \_\_\_\_\_

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

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**

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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

Period Ending JUL-AUG-SEP

TAX ID \_\_\_\_\_

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

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2020**

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Signed \_\_\_\_\_

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

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

**THIS RETURN MUST BE FILED ON  
OR BEFORE FEBRUARY 4, 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 OCT-NOV-DEC

TAX ID \_\_\_\_\_

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