

EMPLOYER'S MUNICIPAL WITHHOLDING TAX RETURN

REMIT TO:
209 N. MARKET ST.
MINERVA, OH 44657

For the period _____ to _____ Due Date _____

- 1. Total earnings paid all employees subject to Municipal Income Tax \$ _____
- 2. Municipal Tax withheld \$ _____
- 3. Adjustments for prior periods (attach explanation) \$ _____
- 4. Total (Remit to: Income Tax Department at address shown above) \$ _____
- 5. Number of taxable employees _____
- 6. Ten (10)% Penalty, one & 1/2 (1 1/2)% interest per month

**Make check payable to city shown above
and remit to Income Tax Department at above address.**

**I hereby certify that the information and statements con-
tained herein are true and correct.**

(Signed) _____

(Official Title) _____

_____ Date

Notify Income Tax Department promptly of any change in ownership or name and address.

**THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN ABOVE.**

RETURN THIS COPY WITH PAYMENT

2.5M 9-00 LYLE PRINTING & PUBLISHING CO., SALEM, OH 1-800-837-3419