

Form W-1

**EMPLOYER'S WITHHOLDING TAX RETURN
MONTGOMERY INCOME TAX OFFICE**

Make Remittance Payable to City of Montgomery

PO Box 631393
Cincinnati, OH 45263-1393
Phone: 513-891-2424

FID # _____

1% tax withheld from employees wages =

\$ _____ for period checked

MONTH OF: _____

*Employers withholding in excess of \$200.00 per month must remit monthly.
Payment due 15th of each month for tax deducted during preceding month.

- Jan. thru March, 20____ Due 4/30
- April thru June, 20____ Due 7/31
- July thru Sept., 20____ Due 10/31
- Oct. thru Dec., 20____ Due 1/31

Signature

Phone number Date

<i>FOR TAX OFFICE ONLY</i>	
FILED:	_____
CHECK #	_____
AMOUNT:	_____

MAKE NAME OR ADDRESS CORRECTIONS

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