

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 # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ (REQUIRED)

Name and Address:

\_\_\_\_ CHECK HERE IF NEW ADDRESS

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*

FOR TAX OFFICE ONLY

FILED: \_\_\_\_\_

CHECK # \_\_\_\_\_

AMOUNT: \_\_\_\_\_

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