



Form W-1

EMPLOYER'S WITHHOLDING TAX RETURN
MONTGOMERY INCOME TAX OFFICE

10101 Montgomery Road
Montgomery, Ohio 45242
Phone: (513) 891-2424

Please mail this form to us - even if no tax is due for the period

FID # _____

1% tax withheld from employees wages =

\$ _____ for period checked.

- Month of _____ *
- 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: _____

MAKE NAME OR ADDRESS CORRECTIONS

Make Remittance Payable to City of Montgomery
Return Original with payment-
Retain duplicate for your records

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