

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, 19__ Due 4/30
- April thru June, 19__ Due 7/31
- July thru Sept., 19__ Due 10/31
- Oct. thru Dec., 19__ 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.*

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