

DUE BY 15<sup>TH</sup> OF FOLLOWING MONTH

VILLAGE OF MONROEVILLE – INCOME TAX DEPARTMENT  
 EMPLOYER’S MONTHLY RETURN OF TAX WITHHELD

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.  Name _____ of company  Signature _____  Title: _____ Officer, Owner, Partner, Agent  Date: _____	1* Tax Withheld For Monroeville at 1% _____	\$	
	2* Adjustment of tax for prior Month _____		
	3* Interest: 5% per month or fraction of a month _____		
	4* Penalty: 50% per month of amount not Timely paid _____		
	5* Total _____	\$	

If no wages paid this month, mark “None” and return this form with explanation.

**FOR MONTH ENDING:**

JAN     FEB     MAR     APR     MAY     JUN  
 JUL     AUG     SEP     OCT     NOV     DEC

Notify Administrator promptly of any change in ownership or name and address shown above.

**MAKE CHECK PAYABLE TO VILLAGE OF MONROEVILLE TAX DEPARTMENT.**

<b>MAIL TO:</b> <b>VILLAGE OF MONROEVILLE</b> <b>INCOME TAX DEPARTMENT</b> <b>P.O. BOX 496</b>
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