

VILLAGE OF MONROEVILLE — INCOME TAX DEPARTMENT EMPLOYER'S QUARTERLY 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.

Signature:

Title:

Officer, Owner, Partner, Agent

Date:

- 1 Tax Withheld For
Monroeville in quarter at **1%**
- 2 Adjustment of tax for prior quarter
- 3 Interest: $\frac{1}{2}$ % per month or fraction
of a month
- 4 Penalty: **50%** per month or fraction
thereof
- 5 Total

\$	
\$	

If no wages paid this quarter, mark "None" and return this form with explanation. FOR QUARTER ENDING:

_____ 1st Qtr due 4/15 _____ 3rd Qtr due 10/15
 _____ 2nd Qtr due 7/15 _____ 4th Qtr due 01/15

Notify Administrator promptly of any change in ownership or name and address shown above.
 MAKE CHECK PAYABLE TO VILLAGE OF MONROEVILLE TAX DEPARTMENT.

Form MIT 8

White — Return to Tax Department, Yellow — Taxpayer's Copy

MAIL TO:
VILLAGE OF MONROEVILLE
INCOME TAX DEPARTMENT
 P.O. Box 496
 Monroeville, Ohio 44847-0496