

**DUE BY 30th OF FOLLOWING MONTH**

Form

MIT10

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.  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 as shown above.

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

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