

**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: _____

Office, Owner, Partner or Agent

Date: _____

- 1. Tax Withheld for Monroeville
in quarter at **1%** \$ _____
- 2. Adjustment of tax for prior quarter \$ _____
- 3. Interest: 5% per month or fraction
of a month.....\$ _____
- 4. Penalty: 50% of the amount not
timely paid.....\$ _____
- 5. TOTAL.....\$ _____

NAME AND ADDRESS OF EMPLOYER:

If no wages were paid this quarter, mark "NONE" and return this form with explanation.

FOR QUARTER ENDING:

_____ 1 ST qtr due 4/30	_____ 3 rd qtr due 10/31
_____ 2 nd qtr due 7/31	_____ 4 th qtr due 1/31

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

****FORMS WITH ZERO QUARTERLY WITHHOLDINGS MAY BE ELECTRONCALLY SENT TO:
incometax@monroevilleohio.com**

**MAKE CHECKS PAYABLE TO THE VILLAGE OF MONROEVILLE INCOME TAX DEPARTMENT.
MAIL TO: VILLAGE OF MONROEVILLE INCOME TAX DEPARTMENT
PO BOX 496 MONROEVILLE, OH 44847-0496**