

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

CITY OR MT. HEALTHY TAX DEPT. 7700 PERRY STREET MT. HEALTHY, OH 45231 TAX OFFICE PHONE# (513) 728-3181	1. Payroll subject to Mt. Healthy Tax:	\$
	2. Mt. Healthy Tax due at 1.5%	\$
	3. Adjustments to tax:	\$
	4. Late Penalty: Minimum \$50.00	\$
	5. TOTAL DUE WITH THIS FORM:	\$

TAX YEAR: 20____ PAYMENT ENCLOSED FOR:

- Jan. Feb. Mar.....Due: April 15th
- Apr. May June.....Due: July 15th
- Jul. Aug. Sept.....Due: Oct. 15th
- Oct. Nov. Dec.....Due: Jan. 15th
- Month of _____

(SIGNED) _____

Official Title: _____

NOTIFY THE INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS ABOVE.

FEDERAL I. D. #

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT