

1. TOTAL WAGES AND SALARIES SUBJECT TO THE
MT. HEALTHY INCOME TAX: _____
2. MT. HEALTHY TAX DUE AT 1.5% _____
3. Number of Employees: _____

MT. HEALTHY WITHHOLDING TAX PAID:
Quarter end March 15 \$ _____
Quarter end June 15..... \$ _____
Quarter end Sept. 15..... \$ _____
Quarter end Dec. 15..... \$ _____
4. TOTAL PAID FOR YEAR: \$ _____
5. Difference between Line 2 & Line 4 _____
___ Fractional difference due to rounding.
___ Overpayment, Please refund.
___ Additional Tax Due, check enclosed.

Make necessary name and/or address changes

MUST BE FILED BY FEBUARY 28, OF FOLLOWING YEAR.
ATTACH COPIES OF ALL W-2 FORMS OR COMPUTER PRINTOUT
OF EMPLOYEE INFORMATION.

ORIGINAL RETURN