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2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
3. Taxable Earnings (from line 2).....	3	
4. Actual Tax Withheld at 2.00 %.....	4	
5. Adjustments of Tax for Prior Period.....	5	
6. Interest.....	6	
7. Penalty.....	7	
8. Total (Include Interest and Penalty if Due).....	8	

Business Name & Address

Period Ending
JANUARY

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**DUE ON OR BEFORE
FEBRUARY 15, 2022**
MAKE CHECK OR MONEY ORDER TO:

CITY OF MONROE
INCOME TAX
PO BOX 629
MONROE OH 45050
Phone 513-539-7374, option 3 Fax 513-539-6209

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

TAX ID

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Business Name & Address

Period Ending
FEBRUARY

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**DUE ON OR BEFORE
MARCH 15, 2022**
MAKE CHECK OR MONEY ORDER TO:

CITY OF MONROE
INCOME TAX
PO BOX 629
MONROE OH 45050
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Business Name & Address

Period Ending
MARCH

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**DUE ON OR BEFORE
APRIL 15, 2022**
MAKE CHECK OR MONEY ORDER TO:

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MONROE OH 45050
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Signed _____

Title _____ Date _____

Phone # _____

Business Name & Address

Period Ending
APRIL

**DUE ON OR BEFORE
MAY 15, 2022**

MAKE CHECK OR MONEY ORDER TO:

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MONROE OH 45050

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Signed _____

Title _____ Date _____

Phone # _____

Business Name & Address

Period Ending
MAY

**DUE ON OR BEFORE
JUNE 15, 2022**

MAKE CHECK OR MONEY ORDER TO:

CITY OF MONROE
INCOME TAX
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MONROE OH 45050

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I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

Business Name & Address

Period Ending
JUNE

**DUE ON OR BEFORE
JULY 15, 2022**

MAKE CHECK OR MONEY ORDER TO:

CITY OF MONROE
INCOME TAX
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MONROE OH 45050

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Business Name & Address

Period Ending JULY

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**DUE ON OR BEFORE
AUGUST 15, 2022**

MAKE CHECK OR MONEY ORDER TO:

CITY OF MONROE
INCOME TAX
PO BOX 629
MONROE OH 45050

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Business Name & Address

Period Ending AUGUST

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**DUE ON OR BEFORE
SEPTEMBER 15, 2022**

MAKE CHECK OR MONEY ORDER TO:

CITY OF MONROE
INCOME TAX
PO BOX 629
MONROE OH 45050

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6. Interest.....	6	
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8. Total (Include Interest and Penalty if Due).....	8	

Business Name & Address

Period Ending SEPTEMBER

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**DUE ON OR BEFORE
OCTOBER 15, 2022**

MAKE CHECK OR MONEY ORDER TO:

CITY OF MONROE
INCOME TAX
PO BOX 629
MONROE OH 45050

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8. Total (Include Interest and Penalty if Due).....	8	

Business Name & Address

Period Ending OCTOBER

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

DUE ON OR BEFORE NOVEMBER 15, 2022

MAKE CHECK OR MONEY ORDER TO:

CITY OF MONROE
INCOME TAX
PO BOX 629
MONROE OH 45050

Phone 513-539-7374, option 3 Fax 513-539-6209

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Business Name & Address

Period Ending NOVEMBER

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

DUE ON OR BEFORE DECEMBER 15, 2022

MAKE CHECK OR MONEY ORDER TO:

CITY OF MONROE
INCOME TAX
PO BOX 629
MONROE OH 45050

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Business Name & Address

Period Ending DECEMBER

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

DUE ON OR BEFORE JANUARY 15, 2023

MAKE CHECK OR MONEY ORDER TO:

CITY OF MONROE
INCOME TAX
PO BOX 629
MONROE OH 45050

Phone 513-539-7374, option 3 Fax 513-539-6209

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

TAX ID

INSTRUCTIONS:

Employers have a legal duty to withhold and remit city tax to the municipalities in which their employees work. Employees may also have a liability to the municipality in which they reside. Form OW-1 provides for reporting and remitting the tax due to the city of employment and, if applicable, any additional tax due to the employee's city of residence.

Effective January 1, 2016, employers must withhold and remit payroll withholding tax on qualifying wages as defined in Monroe Municipal Income Tax Ordinance 2015-40 Section 887.03(34) or Ohio Revised Code Section 718.01(R), unless specifically exempted under Ordinance Sections 887.051 and 887.052.

TAX RATE: The City of Monroe's income tax rate is 2.00%.

NON-FILING PENALTY: \$25.00 per month up to a maximum of \$150.00.

LATE PAYMENT PENALTY: 50% of the unpaid withholding tax.

INTEREST: 5% per year or 0.42% per month.

Penalty and interest apply to any unpaid employee withholdings and is not eligible for abatement.