

		DOLLARS	CENTS
1. Number of Taxable Employees			
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	\$		
3. Less, Non-taxable items (Compensation paid Non-Residents for service outside of Mount Vernon and to persons under 18 years of age)			
4. Taxable Earnings (Items 2 minus 3)	\$		
5. Actual Tax Withheld at 1½%	\$		
6. Adjustments of Tax for Prior Period			
7. Interest (1% per month)			
8. Penalty (10% or twenty-five(25) dollars, whichever is greater)			
9. Total (Include Interest and Penalty if Due)	\$		

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

(Signed) _____

(Official Title) _____

THIS RETURN MUST BE FILED
ON OR **BEFORE THE DATE AS SHOWN** BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO:

CITY OF MOUNT VERNON INCOME TAX

FOR PERIOD OF

DUE ON OR BEFORE

Notify Income Tax Department promptly of any change in name or address as shown above.

EMPLOYER'S RETURN OF TAX WITHHELD FOR CITY OF MOUNT VERNON

MAIL TO:
CITY OF MOUNT VERNON
DIVISION OF INCOME TAX
3 NORTH GAY STREET
MOUNT VERNON, OH 43050-3213