STATE DEPARTMENT OF REVENUE

# MONTHLY RETURN OF STATE INCOME TAX WITHHELD

Form WH-M

| 1. BUSINESS NAME | | 2. STATE TAX ID NUMBER | 3. FEIN |
|---|---|---|---|
| 4. ADDRESS (NUMBER AND STREET) | | 5. TAX PERIOD (MM/YYYY) | 6. DUE DATE (MM/DD/YYYY) |
| 7. CITY | 8. STATE | 9. ZIP CODE | 10. TELEPHONE NUMBER |

| Line | Tax Computation | Amount |
|---|---|---|
| 1 | Total gross wages paid this tax period | |
| 2 | Total wages subject to state withholding | |
| 3 | Total state income tax withheld during the period | |
| 4 | Adjustments from prior periods (Attach explanation) | |
| 5 | **Net Tax Due** (Combine Line 3 and Line 4) | |
| 6 | Interest (For late payment) | |
| 7 | Penalty (For late filing/payment) | |
| 8 | **Total Payment Remitted** (Add Lines 5, 6, and 7) | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| AUTHORIZED SIGNATURE | TITLE | DATE |
|---|---|---|
| PREPARER'S SIGNATURE (IF APPLICABLE) | PREPARER PTIN | DATE |

**DETACH VOUCHER BELOW AND MAIL WITH YOUR PAYMENT**

| FORM WH-M-V - STATE WITHHOLDING PAYMENT VOUCHER | | |
|---|---|---|
| BUSINESS NAME | STATE TAX ID NUMBER | TAX PERIOD |
| ADDRESS | DUE DATE | AMOUNT ENCLOSED |