# MUNICIPAL INCOME TAX WITHHOLDING RETURN

Employer's Return of Tax Withheld

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|---|---|
| **Tax Year:** | |
| **Filing Period:** | |
| **Federal EIN:** | |
| **Due Date:** | |

**Employer Name:**

**Address Line 1:**

**Address Line 2:**

**Local Account No:**

**City, State, Zip:**

**Phone Number:**

| **Withholding Tax Summary** | | **Amount** |
|---|---|---|
| **1** | Total Wages Subject to Municipal Tax This Period | |
| **2** | Total Municipal Tax Withheld This Period | |
| **3** | Adjustments (Attach Statement) | |
| **4** | Penalty Charges | |
| **5** | Interest Charges | |
| **6** | **Total Amount Due and Remitted** | |

**DISTRIBUTION OF TAX BY MUNICIPALITY**

| Municipality Name | Tax Rate % | Taxable Wages | Tax Withheld |
|---|---|---|---|
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| | | | |
| **Totals** | - | | |

I declare under penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return for the period stated.

Authorized Signature

Title

Date