

**VILLAGE OF MONROEVILLE — INCOME TAX DEPARTMENT  
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

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

Signature: .....

Title: .....

Officer, Owner, Partner, Agent

Date: .....

1 Tax Withheld For Monroeville in quarter at <b>1%</b> .....	\$	
2 Adjustment of tax for prior quarter .....		
3 Interest: 1/2 % per month or fraction of a month .....		
4 Penalty: 5% per month or fraction thereof with \$25.00 minimum .....		
5 Total .....	\$	

If no wages paid this quarter, mark "None" and return this form with explanation. FOR QUARTER ENDING:

\_\_\_\_\_ 1st Qtr due 4/30      \_\_\_\_\_ 3rd Qtr due 10/31  
\_\_\_\_\_ 2nd Qtr due 7/31      \_\_\_\_\_ 4th Qtr due 1/31

Notify Administrator promptly of any change in ownership or name and address shown above.  
MAKE CHECK PAYABLE TO VILLAGE OF MONROEVILLE TAX DEPARTMENT.

Form MIT 8

White — Return to Tax Department, Yellow — Taxpayer's Copy

<p align="center"><b>MAIL TO: VILLAGE OF MONROEVILLE INCOME TAX DEPARTMENT P.O. Box 496 Monroeville, Ohio 44847-0496</b></p>
--