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Form 35 **EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT**
CITY OF GREEN
PO BOX 460, GREEN, OHIO 44232-0460
330-896-6622

FOR THE MONTH ENDING: _____

FEDERAL ID#: _____ ACCOUNT #: _____

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT

PREPARER'S NAME TELEPHONE NUMBER DATE

BUSINESS NAME

STREET

CITY STATE ZIP

Out of Business as of _____

Check if you have no employees

Check if you use leased employees

LINES 1, 2, AND 4 MUST BE COMPLETE

1. TOTAL WAGES SUBJECT TO WITHHOLDING TAX $ 0.00
2. AMOUNT OF TAX WITHHELD (LINE 1 x 2%) $ _____
3. ADJUSTMENTS $ _____
4. BALANCE DUE AND PAYABLE $ _____

You may only e-file this Withholding Statement with full payment of BALANCE DUE AND PAYABLE using electronic debit from your bank account.

PAYMENT METHOD (For E-file only)
Pay the BALANCE DUE AND PAYABLE AMOUNT of $ _____ using ACH Debit from your Bank Account

COMPLETE THE FOLLOWING:
____ Checking ____ Savings BANK ROUTING NUMBER _____ BANK ACCOUNT NUMBER _____

Please Enter Your Email Address