### EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 02/15/2018

For Period JAN Tax Year 2018

| income lax Department |                                 |
|-----------------------|---------------------------------|
| P.O. Box 307          |                                 |
| Malta, Ohio 43758     |                                 |
| Tou Department prompt | ly of any change in aumerehin a |

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number Fed. ID

| 1.         | Total Compensation Paid This Period                     | \$                         |
|------------|---|----------------------------|
| 2.         | Total Withheld This Period                              | \$                         |
| 3.         | Adjustments to prior returns                            | \$                         |
| 4.         | Penalty and/or Interest                                 | \$                         |
| 5.         | Total   | \$                         |
| Mak        | te check or money order payable to:<br>Village of Malta |                            |
| I hereby o | ertify that the information and statements contained he | rein are true and correct. |
| (signed    | )   |                            |
| (Officia   | al Title)   |                            |
| 105/00/2   |   | Date                       |

Village of Malta

Income Tax Department P.O. Box 307 Malta, Ohio 43758

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID#

# **EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD**

Due on or Before 3/15/2018

For Period FEB Tax Year 2018

| 1. | Total Compensation Paid This Period | \$ |
|----|-------------------------------------|----|
| 2. | Total Withheld This Period          | \$ |
| 3. | Adjustments to prior returns        | \$ |
| 4. | Penalty and/or Interest             | \$ |
| 5. | Total                               | \$ |

Make check or money order payable to:
Village of Malta

| village of thatta   |                       |
|---|-----------------------|
| hereby certify that the information and statements contained herein | are true and correct. |
| (signed)  |                       |
| (Official Title)  |                       |
|   | Date                  |

Village of Malta Income Tax Department P.O. Box 307 Malta, Ohio 43758

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID#

| EMP | LO | YER' | 'S MON | ITHLY | RETU | RN OF | INCOME | TAX W | ITHHELD |
|-----|----|------|--------|-------|------|-------|--------|-------|---------|
|     |    |      |        |       |      |       |        |       |         |

Due on or Before 04/15/2018 For Period MAR

Tax Year 2018

| 1. | Total Compensation Paid This Period | \$ |
|----|-------------------------------------|----|
| 2. | Total Withheld This Period          | \$ |
| 3. | Adjustments to prior returns        | \$ |
| 4. | Penalty and/or Interest             | \$ |
| 5. | Total                               | \$ |

Make check or money order payable to: Village of Malta

| I hereby certify that the information  | n and statements contained herein are true and correct. |
|--|---|
| (signed)   |   |
| (Official Title)   |   |
| Notice and the second of the s | Date  |

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Income Tax Department P.O. Box 307

Due on or Before 05/15/2018 For Period APR Tax Year 2018

Malta, Ohio 43758 Notify Income Tax Department promptly of any change in ownership or name and

address shown below.

Account Number

Fed. ID

Total Compensation Paid This Period Total Withheld This Period

Adjustments to prior returns

Penalty and/or Interest 5. Total

Make check or money order payable to: Village of Malta

I hereby certify that the information and statements contained herein are true and correct.

(Official Title)

Village of Malta

**EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD** 

Income Tax Department P.O. Box 307 Malta, Ohio 43758

Due on or Before 6/15/2018 For Period MAY Tax Year 2018

Notify Income Tax Department promptly of any change in ownership or name and

address shown below.

2.

Total Compensation Paid This Period Total Withheld This Period

Adjustments to prior returns Penalty and/or Interest

5. Total Make check or money order payable to: Village of Malta

I hereby certify that the information and statements contained herein are true and correct.

(signed) (Official Title)

Account Number # Fed. ID#

> Village of Malta Income Tax Department P.O. Box 307

Malta, Ohio 43758

**EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD** 

Due on or Before 07/15/2018

For Period JUN Tax Year 2018

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID#

Total Compensation Paid This Period

Total Withheld This Period Adjustments to prior returns 4. Penalty and/or Interest

5. Total Make check or money order payable to:

Village of Malta

I hereby certify that the information and statements contained herein are true and correct. (Official Title)

Date

Income Tax Department P.O. Box 307

**EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD** 

I he

(signed)\_

2.

Due on or Before 08/15/2018

| For Period JU | L |
|---------------|---|
| Tax Year 201  | 8 |

Malta, Ohio 43758 Notify Income Tax Department promptly of any change in ownership or name and

address shown below.

Account Number Fed. ID

| 1.        | Total Compensation Paid This Period                     | \$                         |
|-----------|---|----------------------------|
| 2.        | Total Withheld This Period                              | \$                         |
| 3.        | Adjustments to prior returns                            | \$                         |
| 4.        | Penalty and/or Interest                                 | \$                         |
| 5.        | Total   | \$                         |
| Mak       | te check or money order payable to:<br>Village of Malta |                            |
| hereby ce | ertify that the information and statements contained he | rein are true and correct. |
| (signed)  | )   |                            |
| (Officia  | al Title)   |                            |

Village of Malta

Income Tax Department P.O. Box 307 Malta, Ohio 43758

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID#

| <b>EMPLOYER'S MONT</b> | LI V DETLIDN OF INC | OME TAY WITHHELL | г |
|------------------------|---------------------|------------------|---|

Due on or Before 9/15/2018

For Period AUG Tax Year 2018

Total Compensation Paid This Period 1. 2. Total Withheld This Period Adjustments to prior returns 4. Penalty and/or Interest Total 5.

Make check or money order payable to: Village of Malta

I hereby certify that the information and statements contained herein are true and correct.

(Official Title) Date

# Village of Malta

Income Tax Department P.O. Box 307 Malta, Ohio 43758

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID#

## **EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD**

Due on or Before 10/15/2018 For Period SEP

Tax Year 2018

Total Compensation Paid This Period 1.

Total Withheld This Period

3. Adjustments to prior returns Penalty and/or Interest 4.

Total 5. Make check or money order payable to:

Village of Malta

I hereby certify that the information and statements contained herein are true and correct.

(signed) (Official Title) Date

#### EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Income Tax Department P.O. Box 307 Malta, Ohio 43758

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number Fed. ID

|     |                                     | Tax Year 2018 |
|-----|-------------------------------------|---------------|
| 1.  | Total Compensation Paid This Period | \$            |
| 2.  | Total Withheld This Period          | \$            |
| 3.  | Adjustments to prior returns        | \$            |
| 4.  | Penalty and/or interest             | \$            |
| 5.  | Total                               | \$            |
| Mak | e check or money order payable to:  |               |

Village of Malta

I hereby certify that the information and statements contained herein are true and correct.

(Official Title) \_\_\_\_\_\_\_ Date

# Village of Malta

P.O. Box 307 Malta, Ohio 43758

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID #

### **EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD**

Due on or Before 12/15/2018 For Period NOV

Due on or Before 11/15/2018

For Period OCT

Tax Year 2018

Total Compensation Paid This Period
 Total Withheld This Period

\$\_\_\_\_\_

Adjustments to prior returns
 Penalty and/or Interest

(signed)

\$\_\_\_\_\_

5. Total Make check or money order payable to:

Village of Malta

I hereby certify that the information and statements contained herein are true and correct.

(signed)\_\_\_\_\_(Official Title)\_\_\_\_\_

### Village of Malta

Income Tax Department P.O. Box 307 Malta, Ohio 43758

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

Account Number # Fed. ID #

# **EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD**

Due on or Before 1/15/2019 For Period DEC

Tax Year 2018

Total Compensation Paid This Period
 Total Withheld This Period

\$\_\_\_\_\_

Adjustments to prior returns
 Penalty and/or Interest

Total

5

\$\_\_\_\_

Make check or money order payable to: Village of Malta

I hereby certify that the information and statements contained herein are true and correct.

(signed)\_\_\_\_

(Official Title)

# WITHHOLDING TAX RECONCILIATION

Village of Malta Income Tax Department P.O. Box 307 Malta, Ohio 43758

| Total Number of employees as represented by Forms W-2 submitted herewith |
|--|
| 2. Total Income Tax Withheld from compensation Paid all employees \$     |

## LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEBRUARY 28, 2019

3. Total Income Tax Withheld from compensation during for:

| FEB. 28 <sup>TH</sup> | \$<br>AUG. 31 <sup>ST</sup>       | \$ |
|-----------------------|-----------------------------------|----|
| MAR. 31ST             | \$<br><b>SEP. 30TH</b>            | \$ |
| APR. 30TH             | \$<br>OCT. 31 <sup>ST</sup>       | \$ |
| MAY. 318T             | \$<br>NOV. 30TH                   | \$ |
| JUN. 30TH             | \$<br><b>DEC. 31<sup>ST</sup></b> | \$ |
| JUL. 31 <sup>ST</sup> | \$<br><b>JAN. 31<sup>ST</sup></b> | \$ |
|                       |                                   |    |

4. Total Amount Withheld

Parts 2 and 4 should be identical, explain fully any discrepancy.