

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 02/15/2018
For Period JAN
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 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 #

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

I 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 #

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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 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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

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

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

Account Number
Fed. ID

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

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 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.

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

Account Number #
Fed. ID #

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

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.

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

Account Number #
Fed. ID #

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

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 08/15/2018

For Period JUL
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 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 #

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 9/15/2018

For Period AUG
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 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 #

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 10/15/2018

For Period SEP
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 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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 11/15/2018
For Period OCT
Tax Year 2018

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 \$ _____

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

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 12/15/2018
For Period NOV
Tax Year 2018

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 \$ _____

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

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 1/15/2019
For Period DEC
Tax Year 2018

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 \$ _____

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

WITHHOLDING TAX RECONCILIATION

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

1. 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. 28TH	\$ _____	AUG. 31ST	\$ _____
MAR. 31ST	\$ _____	SEP. 30TH	\$ _____
APR. 30TH	\$ _____	OCT. 31ST	\$ _____
MAY. 31ST	\$ _____	NOV. 30TH	\$ _____
JUN. 30TH	\$ _____	DEC. 31ST	\$ _____
JUL. 31ST	\$ _____	JAN. 31ST	\$ _____

4. Total Amount Withheld _____

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