

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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 04/15/2018

For Period JAN FEB 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

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Income Tax Department
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Malta, Ohio 43758

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EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 07/15/2018

For Period APR MAY JUN

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 \$ _____

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(signed) _____

(Official Title) _____

Date

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EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 10/15/2018

For Period JUL AUG 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 \$ _____

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Village of Malta

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(signed) _____

(Official Title) _____

Date

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

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 01/15/2019
For Period OCT NOV 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:
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(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 FEB 28, 2019

3. Total Income Tax Withheld from compensation during 2018 for:

1st Quarter ending March 31 \$ _____

2nd Quarter ending June 30 \$ _____

3rd Quarter ending September 30 \$ _____

4th Quarter ending December 31 \$ _____

4. Total Amount Withheld _____

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