## 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
Total Income Tax Withheld from compensation Paid all employees \$

## LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEBRUARY 28th 2021

3. Total Income Tax Withheld from compensation during 2020 for:

FEB. 2814	\$ AUG. 3151	\$
MAR. 31 <sup>ST</sup>	\$ SEP. 30TH	\$
APR. 30 <sup>TH</sup>	\$ OCT. 31 <sup>ST</sup>	\$
MAY. 31ST	\$ NOV. 30TH	\$
JUN. 30 <sup>TH</sup>	\$ DEC. 31ST	\$
JUL. 31 <sup>ST</sup>	\$ JAN. 31 <sup>ST</sup>	\$
		•

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

4. Total Amount Withheld

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

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

Account Number # Fed. ID#

address shown below.

		Tax Year 2021
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	
hereby ce	ertify that the information and statements contained her	ein are true and correct.
(signed)		
(Officia	I Tido)	

## 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**

1 he

Due on or Before 03/15/2021 For Period FEB

Due on or Before 02/15/2021

For Period JAN

Date

Date

Tax Year 2021 Total Compensation Paid This Period 1. 2. Total Withheld This Period 3. 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)

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	WITHHELI	D
				Due on	or Bef	ore 04/15/202	11

For Period MAR Tax Year 2021

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)

#### 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 05/15/2021

For Period APR

Tay Vone 2024

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

Account Number # Fed. ID#

		Tax Teal 202
1.	Total Compensation Paid This Period	\$
2.	Total Withheld This Period	\$
3.	Adjustments to prior returns	\$
4.	Penalty and/or Interest	\$
<b>5</b> .	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 06/15/2021

For Period MAY Tax Year 2021

Date

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 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)

#### 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 07/15/2021 For Period JUN

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

Account Number # Fed. ID#

		Tax Year 2021
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

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

Income Tax Department P.O. Box 307

Due on or Before 08/15/2021 For Period JUL

Tax Year 2021

Date

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	e check or money order payable to: Village of Malta	
I hereby ce	rtify that the information and statements contained her	ein are true and correct.
(signed)		

(Official Title)

Village of Malta

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

For Period AUG

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	e 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

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

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

Due on or Before 10/15/2021 For Period SEP

Due on or Before 09/15/2021

Tax Year 2021

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

1. Total Compensation Paid This Period

Tax Year 2021

Account Number #

Fed. ID#

2. Total Withheld This Period Adjustments to prior returns

Penalty and/or Interest 4. Total 5

Make check or money order payable to: Village of Maita I hereby certify that the information and statements contained herein are true and correct. (signed) (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 11/15/2021

For Period OCT Tax Year 2021

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	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)

### 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 12/15/2021 For Period NOV

Tax Year 2021

Date

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)

## 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 01/15/2022 For Period DEC

Tax Year 2021

Total Compensation Paid This Period Total Withheld This Period

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

Total Make check or money order payable to:

(signed)\_\_\_\_

Village of Malta

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

(Official Title)

Date

## 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
Total Income Tax Withheld from compensation Paid all employees \$

## LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEBRUARY 28th 2022

**3.** Total Income Tax Withheld from compensation during 2021 for:

FEB. 28 <sup>™</sup>	\$	AUG. 31 <sup>ST</sup>	\$	
MAR. 31ST	\$	SEP. 30 <sup>TH</sup>	\$	
<b>APR. 30<sup>TH</sup></b>	\$	OCT. 31 <sup>ST</sup>	\$	
MAY. 31ST	\$	NOV. 30 <sup>TH</sup>	\$	
JUN. 30 <sup>TH</sup>	\$	DEC. 31 <sup>ST</sup>	\$	
JUL. 31ST	\$	JAN. 31 <sup>ST</sup>	\$	
	A	ASIA DECEMBER 25	0	

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

4. Total Amount Withheld