

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 28th 2021

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

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

4. Total Amount Withheld _____

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

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 02/15/2021

For Period JAN
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

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Income Tax Department
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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 03/15/2021

For Period FEB
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 \$ _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 04/15/2021

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 \$ _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 05/15/2021

For Period APR
Tax Year 2021

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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 \$ _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 06/15/2021

For Period MAY
Tax Year 2021

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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 \$ _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 07/15/2021

For Period JUN
Tax Year 2021

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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 \$ _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 08/15/2021
For Period JUL
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 | \$ _____ |

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 09/15/2021
For Period AUG
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 | \$ _____ |

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(Official Title) _____
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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 10/15/2021
For Period SEP
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 | \$ _____ |

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 11/15/2021

For Period OCT
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 \$ _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 12/15/2021

For Period NOV
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 \$ _____

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EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 01/15/2022

For Period DEC
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 \$ _____

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2021 for:

FEB. 28 TH	\$ _____	AUG. 31 ST	\$ _____
MAR. 31 ST	\$ _____	SEP. 30 TH	\$ _____
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