Village of Malta

EMPLOYER'S QUARTERLY 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 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

(signed) (Official Title)

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

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 04/15/2021 For Period JAN FEB MAR

Due on or Before 04/15/2021

For Period JAN FEB 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	\$

Make check or money order payable to: Village of Malta

5. Total

(signed) (Official Title)

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

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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 04/15/2021 For Period JAN FEB 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 QUARTERLY RETURN OF INCOME TAX WITHHELD

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

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

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	\$
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 ca	ertify that the information and statements contained her	ein are true and correct.
(signed)		
(Officia	l 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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 10/15/2021 For Period JUL AUG SEP Tax Year 2021

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

Make check or money order payable to: Village of Malta

5.

Total

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 QUARTERLY RETURN OF INCOME TAX WITHHELD

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

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 QUARTERLY RETURN OF INCOME TAX WITHHELD

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

Due on or Before 01/15/2022 For Period OCT NOV DEC

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	\$
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	ertify that the information and statements contained her	ein are true and correct.
(signed)		
(O.CC-:-	1 734-1	

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.

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 01/15/2022 For Period OCT NOV 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	\$

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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 01/15/2022 For Period OCT NOV 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	\$

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

Malta, Ohio 43758	Total Income Tax Withheld from comper 2021 for:	sation during		
Total Number of employees as represented by Forms W-2 submitted herewith	1st Quarter ending March 31	\$		
2. Total Income Tax Withheld from compensation	2 nd Quarter ending June 30	\$		
Paid all employees \$	3 rd Quarter ending September 30	\$		
	4th Quarter ending December 31	\$		
	4. Total Amount Withheld			
	Parts 2 and 4 should be identical, explain fully any	discrepancy.		
WITHHOLDING TAX RECONCILIATION Village of Malta Income Tax Department	LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEB 28, 20			
P.O. Box 307 Malta, Ohio 43758	3. Total Income Tax Withheld from compensation during 2021 for:			
Total Number of employees as represented by Forms W-2 submitted herewith	1 st Quarter ending March 31	\$		
2. Total Income Tax Withheld from compensation	2 nd Quarter ending June 30	\$		
Paid all employees \$	3 rd Quarter ending September 30	\$		
	4th Quarter ending December 31	\$		
	4. Total Amount Withheld			
	Parts 2 and 4 should be identical, explain fully any	discrepancy.		
WITHHOLDING TAX RECONCILIATION Village of Malta Income Tax Department	LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEB 28, 2022			
P.O. Box 307 Malta, Ohio 43758	Total Income Tax Withheld from compensation of 2021 for:			
Total Number of employees as represented by Forms W-2 submitted herewith	1 st Quarter ending March 31	\$		
2. Total Income Tax Withheld from compensation Paid all employees \$	2 nd Quarter ending June 30	\$		
	3 rd Quarter ending September 30	\$		
	4th Quarter ending December 31	\$		
	4. Total Amount Withheld			

LEGIBLE COPIES OF W-2 FORMS MUST

ACCOMPANY THIS FORM BY FEB 28, 2022

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