

**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 2/15/2023  
For Period JAN  
Tax Year 2023

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 3/15/2023  
For Period FEB  
Tax Year 2023

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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(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 4/15/2023  
For Period MAR  
Tax Year 2023

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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**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 5/15/2023

For Period APR  
Tax Year 2023

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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Date

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

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

Due on or before 6/15/2023

For Period MAY  
Tax Year 2023

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) \_\_\_\_\_

Date

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

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

Due on or before 7/15/2023

For Period JUNE  
Tax Year 2023

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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Date

**Village of Malta**  
Income Tax Department  
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Malta, Ohio 43758

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

Due on or before 8/15/2023

For Period JULY  
Tax Year 2023

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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Date

**Village of Malta**  
Income Tax Department  
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Malta, Ohio 43758

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

Due on or before 9/15/2023

For Period AUG  
Tax Year 2023

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) \_\_\_\_\_

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 10/15/2023

For Period SEP  
Tax Year 2023

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) \_\_\_\_\_

Date

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Fed. ID #

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

Due on or before 11/15/2023

For Period OCT  
Tax Year 2023

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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Date

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Account Number #  
Fed. ID #

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

Due on or before 12/15/2023

For Period NOV  
Tax Year 2023

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 1/15/2024

For Period DEC  
Tax Year 2023

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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(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 29<sup>th</sup> 2024

3. Total Income Tax Withheld from compensation during  
2023 for:

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

4. Total Amount Withheld \_\_\_\_\_

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