EMPLOYER'S MONTHLY 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 2023
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	erlify that the information and statements contained her	ein are true and correct.
(signed))	
(Officia	al Title)	
		Date

Due on or before 2/15/2023

For Period JAN

For Period FEB

Tax Year 2023

Date

Village of Malta

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before 3/15/2023

(signed)

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 #

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	
eby ce	rtify that the information and statements contained her	ein are true and correct.

Village of Malta

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

(Official Title)

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

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	\$
		No. of the last of

Make check or money order payable to: Village of Malta

Thereby certify that the information and statemen	its contained herein are true and correct.
(signed)	
(Official Title)	
	Date

EMPLOYER'S MONTHLY 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 2023
1.	Total Compensation Paid This Period	\$
2.	Total Withheld This Period	\$
3.	Adjustments to prior returns	s
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))	······································
(Officia	ıl Title)	
		Date

Due on or before 5/15/2023

Due on or before 6/15/2023

Due on or before 7/15/2023

For Period JUNE

For Period MAY

For Period APR

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

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 N	MONTHLY	RETURN	OF INCOME 1	AX WITHHELD
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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)

EMPLOYER'S MONTHLY 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 2023
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	
l hereby ce	ertify that the information and statements contained he	rein are true and correct.
(signed))	
(Officia	ıl Title)	
234		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 MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before 9/15/2023 For Period AUG

Due on or before 8/15/2023

For Period JULY

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	\$
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

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 10/15/2023

For Period SEP
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 \$

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)______

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Total Compensation Paid This Period

Income Tax Department P.O. Box 307

Account Number #

Fed. ID#

Due on or before 11/15/2023 For Period OCT

Malta, Ohio 43758

Tax Year 2023

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

2. Total Withheld This Period Adjustments to prior returns

4. Penalty and/or Interest 5. Total

1.

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

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD Due on or before 12/15/2023

For Period NOV

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.

(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 1/15/2024 For Period DEC

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

Account Number # Fed. ID#

		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	\$

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

. Total Number of employees as represented by forms W-2 submitted herewith
Total Income Tax Withheld from compensation

LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEBRUARY 29th 2024

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

FEB. 28 TH	\$	AUG. 31 ST	\$
MAR. 31ST	\$	SEP. 30TH	\$
APR. 30TH	\$	OCT. 31ST	\$
MAY. 31 ST	\$	NOV. 30TH	\$
JUN. 30 TH	\$	DEC. 31ST	\$
JUL. 31 ST	\$	JAN. 31 ST	\$
4. Total Amo	unt Withheld		

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