Village of Malta

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Income Tax Department P.O. Box 307

Due on or before 4/15/2023 For Period JAN FEB MAR

Malta, Ohio 43758 Tax Year 2023 Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period 1. address shown below. Total Withheld This Period 3, Adjustments to prior returns Account Number # 4. Penalty and/or Interest Fed. ID# 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 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD Income Tax Department Due on or before 7/15/2023 P.O. Box 307 For Period APR MAY JUNE Malta, Ohio 43758 Tax Year 2023 Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period address shown below. Total Withheld This Period 3. Adjustments to prior returns Account Number # Fed. ID# 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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or before 10/15/2023 For Period JULY AUG 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	\$
Mak	a chack or manay order neverte to	

Make check or money order payable to: Village of Malta

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hereby certify that the information and statement	s contained herein are true and correct.
(signed)	
(Official Title)	
NO. 100 ACC	Date

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

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

Due on or before 1/15/2024 For Period OCT NOV DEC 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	\$
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

WITHHOLDING TAX RECONCILIATION

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

1. Total Number of employees as re	epresented by
Forms W-2 submitted herewith	
2. Total Income Tax Withheld from a Paid all employees \$	compensation

LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEB 29, 2024

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

1 st Quarter ending March 31	\$
2 nd Quarter ending June 30	\$
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.