

**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 02/15/2024****For Period JAN  
Tax Year 2024**

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 03/15/2024****For Period FEB  
Tax Year 2024**

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 04/15/2024****For Period MAR  
Tax Year 2024**

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 05/15/2024  
For Period APR  
Tax Year 2024

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 06/15/2024  
For Period MAY  
Tax Year 2024

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 07/15/2024  
For Period JUN  
Tax Year 2024

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 08/15/2024****For Period JUL  
Tax Year 2024**

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 09/15/2024****For Period AUG  
Tax Year 2024**

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 10/15/2024****For Period SEP  
Tax Year 2024**

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 11/15/2024****For Period OCT  
Tax Year 2024**

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 12/15/2024****For Period NOV  
Tax Year 2024**

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 01/15/2025****For Period DEC  
Tax Year 2024**

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