EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

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. (Official Title)

Date

Village of Malta

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

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#

		Tax Teal 202
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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Income Tax Department P.O. Box 307 Malta, Ohio 43758 Due on or before 05/15/2024 For Period APR

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)______

Village of Malta

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

Village of Malta

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

		Tux Tour Zoz
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

Date

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

Village of Malta

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

Village of Malta

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Income Tax Department P.O. Box 307 Malta, Ohio 43758 Due on or before 10/15/2024 For Period SEP Tax Year 2024

Date

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

Account Number # Fed. ID #

		Tax Teal 202
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

Village of Maria	
I hereby certify that the information and statements contained herein are true and corr	ect.
(signed)	
(Official Title)	
	Date

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

Due on or before 11/15/2024 For Period OCT

Tax Year 2024

Date

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

Account Number # Fed. ID#

Total Compensation Paid This Period	\$
Total Withheld This Period	\$
Adjustments to prior returns	\$
Penalty and/or Interest	\$
Total	\$
	Adjustments to prior returns Penalty and/or Interest

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 MONTHLY RETURN OF INCOME TAX WITHHELD

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

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. (Official Title)

Date

Village of Malta

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

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

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#

		Tax Teal 202
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