

**Village of Malta**

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

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

**Due on or before 04/15/2024**  
**For Period JAN FEB 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 QUARTERLY RETURN OF INCOME TAX WITHHELD**

**Due on or before 07/15/2024**  
**For Period APR MAY 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                               | \$ _____ |

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(signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_

Date

**Village of Malta**

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

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

**Due on or before 10/15/2024**  
**For Period JUL AUG 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                               | \$ _____ |

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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 QUARTERLY RETURN OF INCOME TAX WITHHELD**

**Due on or before 01/15/2025**  
**For Period OCT NOV 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                               | \$ _____ |

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(signed) \_\_\_\_\_

(Official Title) \_\_\_\_\_

Date