Village of Malta

Month V EMPLOYER'S QUARTERLY

Y RETURN OF INCOME TAX WITHHELD

Due on or Before 02/15/2020

3efore 02/15/2020 For Period FEB Tax Year 2020

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	
1 hereby ce	ertify that the information and statements contained he	rein are true and correct.
(signed)		
(Officia	al Title)	
•	-	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	QUARTERLY	RETURN	OF	INCOME	TA	X V	VIT	H	HEL	_D
				Due on	or B	efor	'e 0	3/1	5/20)20

Monthly

For Period MAR Tax Year 2020

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)	<u> </u>	
(Officia	I 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 #

Monthly					
EMPLOYER'S QUARTERLY	RETURN	OF INCO	ME TAX	WITHHEI	

Due on or Before 04/15/2020

For Period APR

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

Y RETURN OF INCOME TAX WITHHELD

For Period MAY

Tax Year 2020

Due on or Before 05/15/2020

ncome 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	
l hereby ce	rtify that the information and statements contained her	ein are true and correct.
(signed)	 	
(Officia	l Title)	
		Date

Village of Malta

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

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Account Number # Fed. ID#

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 06/15/2020 For Period JUN Tax Year 2020

Total Compensation Paid This Period Total Withheld This Period 2. 3. Adjustments to prior returns Penalty and/or Interest 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

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 QUARTE ¥ RETURN OF INCOME TAX WITHHELD Due on or Before 07/15/2020

(Official Title)

For Period JUL Tax Year 2020 Total Compensation Paid This Period 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

RETURN OF INCOME TAX WITHHELD Due on or Before 08/15/2020

For Period AUG Tax Year 2020

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#

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	
ereby co	ertify that the information and statements contained he	rein are true and correct.
signed)	
Officia	al Title)	
		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 QUA RETURN OF INCOME TAX WITHHELD

Total Withheld This Period Adjustments to prior returns

Penalty and/or interest

4.

Won Hall

Due on or Before 09/15/2020 For Period SEP

Tax Year 2020 **Total Compensation Paid This Period**

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

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

Account Number # Fed. ID#

EMPLOYER'S	QUARTEREY RETURN	OF	INCOME	TAX	WITHHE	:LC

Due on or Before 10/15/2020 For Period OCT

		Tax Year 2020
1.	Total Compensation Paid This Period	\$
2,	Total Withheld This Period	\$
3.	Adjustments to prior returns	\$
4.	Penalty and/or Interest	\$
5.	Total	\$
3. 4.	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, (Official Title) Date

Village of Malta

Y 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#

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)		
(Officia	I Title)	
		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#

MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 12/15/2020 For Period DEC Tax Year 2020

Due on or Before 01/15/2021

For Period JAN

Due on or Before 11/15/2020

For Period NOV

Tax Year 2020

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

(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#

Monthly					
EMPLOYER'S QUARTEREY	RETURN O	F INCOME	TAX V	VITHHEL	I

Tax Year 2021 Total Compensation Paid This Period 2. Total Withheld This Period Adjustments to prior returns 3. 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
2. Total Income Tax Withheld from compensation Paid all employees \$

LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEBRUARY 28th 2021

3. Total Income Tax Withheld from compensation during 2020 for:

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

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