## 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 2022

**3.** Total Income Tax Withheld from compensation during 2021 for:

FEB. 28 <sup>TH</sup> MAR. 31 <sup>ST</sup> APR. 30 <sup>TH</sup> MAY. 31 <sup>ST</sup> JUN. 30 <sup>TH</sup> JUL. 31 <sup>ST</sup>	\$ \$ \$ \$ \$ \$	AUG. 31 <sup>ST</sup> SEP. 30 <sup>TH</sup> OCT. 31 <sup>ST</sup> NOV. 30 <sup>TH</sup> DEC. 31 <sup>ST</sup> JAN. 31 <sup>ST</sup>	\$ \$ \$ \$ \$ \$	
4 Total Amor	int Mithhold			

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

### Village of Malta

### EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Village of Maita

(Official Title)

(signed)

I hereby certify that the information and statements contained herein are true and correct.

For Period JAN

Income Tax Department Due on or before 2/15/2022 P.O. Box 307 Tax Year 2022 Malta, Ohio 43758 Notify Income Tax Department promptly of any change in ownership or name and 1. Total Compensation Paid This Period address shown below. 2. 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. (signed)\_\_ (Official Title) Date **EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD** Village of Malta Income Tax Department Due on or before 3/15/2022 P.O. Box 307 For Period FEB Malta, Ohio 43758 Tax Year 2022 Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period address shown below. 2. 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. (signed) (Official Title) Village of Malta EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD Income Tax Department Due on or before 4/15/2022 P.O. Box 307 For Period MAR Malta, Ohio 43758 Tax Year 2022 Notify Income Tax Department promptly of any change in ownership or name and 1. Total Compensation Paid This Period address shown below. 2. 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

## **EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD**

Village of Malta

(Official Title)

(signed)

I hereby certify that the information and statements contained herein are true and correct.

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

Due on or before 5/15/2022

For Period APR Tax Year 2022

Notify Income Tax Department promptly of any change in ownership or name and 1. Total Compensation Paid This Period address shown below. 2. 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 **EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD** Income Tax Department Due on or before 6/15/2022 P.O. Box 307 For Period MAY Malta, Ohio 43758 Tax Year 2022 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 Adjustments to prior returns Account Number # Fed. ID# 4. Penalty and/or Interest \$\_\_\_\_\_ Total 5. Make check or money order payable to: Village of Maita 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 Due on or before 7/15/2022 P.O. Box 307 For Period JUN Malta, Ohio 43758 Tax Year 2022 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 Account Number # 3. Adjustments to prior returns \$\_\_\_\_ Fed. ID# Penalty and/or Interest 4. 5. Total Make check or money order payable to:

Village of Malta Income Tax Department P.O. Box 307	EMPLOYER <sup>3</sup>	EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD  Due on or before 8/15/2022		
Malta, Ohio 43758				For Period JUL Tax Year 2022
Notify Income Tax Department promptly address shown below.	y of any change in ownership or name and	1.	Total Compensation Paid This Period	
address snown below.		2.	Total Withheld This Period	\$
Account Number #		3.	Adjustments to prior returns	\$
Fed. ID #		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 h	erein are true and correct.
· · · ·		(signed)		
• •		(Officia	l Title)	
1				Date
• •				
Village of Malta	Fith over			
Income Tax Department	EMPLOYER	SMON	THLY RETURN OF INCOME T	AX WITHHELD
P.O. Box 307 Malta, Ohio 43758			Due on c	or before 9/15/2022 For Period AUG Tax Year 2022
Notify Income Tax Department promptly address shown below.	of any change in ownership or name and	1.	Total Compensation Paid This Period	
address shown below.		2.	Total Withheld This Period	\$
Account Number #		3.	Adjustments to prior returns	\$
Fed. ID #		4.	Penalty and/or Interest	\$
		5.	Total	\$
		Make	e check or money order payable to: Village of Malta	***************************************
		I hereby cer	tify that the information and statements contained he	rein are true and correct.
		(signed)		
		(Official	Title)	
•				Date
Village of Malta Income Tax Department	EMPLOYER'S	S MON	HLY RETURN OF INCOME TA	AX WITHHELD

P.O. Box 307 Malta, Ohio 43758

For Period SEP

Tax Year 2022

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

1.	Total Compensation Paid This Period	\$
2.	Total Withheld This Period	\$
3.	Adjustments to prior returns	\$
4.	Penalty and/or Interest	\$
5.	Total	S

Account Number # Fed. ID#

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 Objo 43758

Due on or before 11/15/2022

Due on or before 12/15/2022

For Period NOV

Tax Year 2022

For Period OCT Tax Year 2022

Date

Malta, Ohio 43758

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

Account Number # Fed. ID #

Make check or money order payable to: Village of Malta

Village of Malta

**EMPLOYER'S MONTHLY 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 #

Total Compensation Paid This Period
 Total Withheld This Period
 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)

(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 MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before 1/15/2023 For Period DEC

Tax Year 2022

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)

## 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
Total Income Tax Withheld from compensation Paid all employees \$

# LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEBRUARY 28th 2023

**3.** Total Income Tax Withheld from compensation during 2022 for:

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

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