

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 TAX WITHHELD

Due on or before 4/15/2022
For Period JAN FEB MAR
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) _____

Date

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

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Fed. ID #

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or before 7/15/2022
For Period APR MAY JUN
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 \$ _____

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Village of Malta

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(signed) _____

(Official Title) _____

Date

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Income Tax Department
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Account Number #
Fed. ID #

EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or before 10/15/2022
For Period JUL AUG SEP
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 \$ _____

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Village of Malta

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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 1/15/2023
For Period OCT NOV DEC
Tax Year 2022

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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Village of Malta

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

(signed) _____

(Official Title) _____

Date