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 04/15/2025

For Period	JAN	FEB	MAR
	Тах	Year	2025

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	s
3.	Adjustments to prior returns	s
4.	Penalty and/or Interest	s
5.	Total	s
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	QUART	ERLY RETURN OF	Due on or be	K WITHHELD fore 07/15/2025 APR MAY JUN Tax Year 2025
Notify Income Tax Department promptly of any change in owner address shown below.	ship or name and	1.	Total Compensation Pa	id This Period	\$
		2.	Total Withheld This Per	riod	s
Account Number #		3.	Adjustments to prior rel	turns	s
Fed. ID #		4.	Penalty and/or Interest		\$
		5.	Total		s
		Make	e check or money order Village of Malta	payable to:	
		I hereby cer	tify that the information and state	ements contained herei	n 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 10/15/2025 For Period JUL AUG SEP

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

Account Number # Fed. ID #

		Tax fear 2025
1.	Total Compensation Paid This Period	s
2.	Total Withheld This Period	\$
3.	Adjustments to prior returns	s
4.	Penalty and/or Interest	s
5.	Total	\$
Make	check or money order payable to: Village of Malta	
here here and	if that the information and statements contained have	nin and this and connect

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 01/15/2026

For Period OCT NOV DEC Tax Year 2025

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