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

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

Malta, Ohio 43/58

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

Account Number # Fed. ID # Tax Year 2025

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)

Due on or before 02/15/2025

Due on or before 03/15/2025

Due on or before 04/15/2025

For Period MAR

For Period FEB Tax Year 2025

For Period JAN

# 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 #

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 ce	rtify that the information and statements contained her	rein are true and correct.

# 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 #

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

Make check or money order payable to: Village of Malta

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

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

Due on or before 05/15/2025 For Period APR

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	\$
Mak	e 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) \_\_\_\_

Tax Year 2025

#### 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 06/15/2025 For Period MAY

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

## 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

Tax Year 2025 1. Total Compensation Paid This Period Total Withheld This Period Adjustments to prior returns Penalty and/or Interest 5. Total

Due on or before 07/15/2025

For Period JUN

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)

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

P.O. Box 307 Malta. Ohio 43758

Malta, Ohio 43758

Notify Income Tax Department promptly of any change in ownership or name and

Account Number # Fed. ID #

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 \$

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

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 09/15/2025

Due on or before 08/15/2025

For Period JUL

For Period AUG Tax Year 2025

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

Make check or money order payable to:

Village of Malta

#### 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 10/15/2025 For Period SEP

Tax Year 2025

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

(Official Title)

# EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Income Tax Department Due on or before 11/15/2025 P.O. Box 307 For Period OCT Malta, Ohio 43758 Tax Year 2025 Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period 1. 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 12/15/2025 P.O. Box 307 For Period NOV Malta, Ohio 43758 Tax Year 2025 Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period 1. \$\_\_\_\_ 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)\_\_\_\_

# Village of Malta

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

(Official Title)

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

Due on or before 01/15/2026 For Period DEC Tax Year 2024

Date

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)