

VILLAGE OF MALTA  
INCOME TAX RETURN  
PO BOX 307  
MALTA OH 43758  
(740) 962-4971

MANDATORY FILING FOR RESIDENTS  
PAST YEAR RESIDENTS  
DATE FROM \_\_\_\_\_ TO \_\_\_\_\_  
**DUE ON OR BEFORE APRIL 15, 2026**

TAX YEAR 2025  
YOUR SOCIAL SECURITY NO.

\_\_\_\_\_  
SPOUSE'S SOCIAL SECURITY NO.

\_\_\_\_\_  
FEDERAL I.D. NO.

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES

**SECTION A: I AM NOT REQUIRED  
TO COMPLETE THE FORM BECAUSE:**

\_\_\_\_\_  
ACTIVE-DUTY MILITARY SINCE \_\_\_\_\_  
\_\_\_\_\_  
MOVED FROM MALTA PRIOR TO JAN 1 (LIST DATE) \_\_\_\_\_  
\_\_\_\_\_  
NO EMPLOYMENT IN \_\_\_\_\_  
\_\_\_\_\_  
DISABILITY/SSI (LIST DATE) \_\_\_\_\_  
\_\_\_\_\_  
UNDER 18 YEARS OF AGE? \_\_\_\_\_  
\_\_\_\_\_  
RETIRED PRIOR TO JAN 1 (LIST DATE) \_\_\_\_\_  
\_\_\_\_\_  
NO BUSINESS CONDUCTED IN VILLAGE IN \_\_\_\_\_  
\_\_\_\_\_  
BUSINESS CLOSED PRIOR TO JAN 1 (LIST DATE) \_\_\_\_\_

**FEDERAL EXTENSION MUST BE ATTACHED  
IF FILED AFTER APRIL 15, 2026**

**NOTE: ANYONE RECEIVING A PRE-PRINTED FORM HAS AN ACTIVE ACCOUNT AND WILL NEED TO FILE**

1. TOTAL **GROSS WAGES** (Box 5 or Greatest Amount on W-2), SALARIES, TIPS & OTHER COMPENSATION (Attach W-2's and /or 1099's) ..... \$ \_\_\_\_\_

2. OTHER TAXABLE INCOME

A. Net Profit from Rental (Complete Section B, Page 2) ..... \$ \_\_\_\_\_

B. Business Profit or Loss (Complete Section C, Page 2) ..... \$ \_\_\_\_\_

C. Total other taxable income ..... \$ \_\_\_\_\_

Note: Losses cannot offset wages/W2-income or be used against other net profits

3. Total income subject to Malta Income Tax ..... \$ \_\_\_\_\_

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4. Malta Tax Due – 1% of line 3 ..... \$ \_\_\_\_\_

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5. Credits

A. Malta Income Tax Withheld by Employer ..... \$ \_\_\_\_\_

B. Income Tax Paid to Other Cities (Credit up to 1%) ..... \$ \_\_\_\_\_

C. Estimated Taxes paid to Malta ..... \$ \_\_\_\_\_

D. Prior Years overpayments ..... \$ \_\_\_\_\_

E. Total Credits (Add lines 5A thru 5D) ..... \$ \_\_\_\_\_

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6. Balance Tax Due (Subtract line 5E from line 4) ..... \$ \_\_\_\_\_

7. Returns Filed After April 16, or Extension not requested are subject to:  
Penalty: 15 % per month past due  
Interest 0.5 % per month past due  
Late Filing Fee or penalty for failure to file an extension - \$25.00 per month, up to \$150.00

8. Amount Due Before Estimated Taxes PAYMENT TO ACCOMPANY RETURN IF MORE THAN \$10.00 ..... \$ \_\_\_\_\_

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9. Overpayment to be Refunded \_\_\_\_\_ Or Credited \_\_\_\_\_ to Next Year's Estimate.

NOTE: NO REFUND WILL BE MADE UNTIL DECLARATION IS FILED. **NO TAXES OR REFUNDS OF \$10.00 OR LESS SHALL BE COLLECTED OR REFUNDED.**

**DECLARATION OF ESTIMATED TAX FOR 2026 (DUE APRIL 15 WITH FIRST QUARTER PAYMENT)  
MUST BE FILED IF NOT WITHHELD BY EMPLOYER, OR SELF-EMPLOYED**

**VOUCHER 1**

10. Total Income subject to Tax \$ \_\_\_\_\_ multiply by Tax Rate of 1% for gross tax of ..... \$ \_\_\_\_\_

11. LESS TAX TO WITHHELD

a. Overpayment from prior year(s) ..... \$ \_\_\_\_\_

b. Total Credit ..... \$ \_\_\_\_\_

12. Net Estimated Tax Due for 2026 (Line 10 less Line 11b) ..... \$ \_\_\_\_\_

13. Amount Paid with this Declaration (Not Less Than 25% of Line 10) ..... \$ \_\_\_\_\_

14. Total of this payment (Line 8 plus Line 13) ..... \$ \_\_\_\_\_

**MAKE REMITTANCE PAYABLE TO: VILLAGE OF MALTA, INCOME TAX**

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Preparer (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_