

WITHHOLDING TAX RECONCILIATION

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

1. 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 **2026**

3. Total Income Tax Withheld from compensation during
2025 for:

FEB. 28TH	\$ _____	AUG. 31ST	\$ _____
MAR. 31ST	\$ _____	SEP. 30TH	\$ _____
APR. 30TH	\$ _____	OCT. 31ST	\$ _____
MAY. 31ST	\$ _____	NOV. 30TH	\$ _____
JUN. 30TH	\$ _____	DEC. 31ST	\$ _____
JUL. 31ST	\$ _____	JAN. 31ST	\$ _____

4. Total Amount Withheld _____

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

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