

Village of Malta

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before 02/15/2026
For Period JAN
Tax Year 2026

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

Account Number #
Fed. ID #

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 MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before 03/15/2026
For Period FEB
Tax Year 2026

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

Account Number #
Fed. ID #

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(Official Title) _____

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Village of Malta

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before 04/15/2026
For Period MAR
Tax Year 2026

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

Account Number #
Fed. ID #

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(Official Title) _____

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Village of Malta

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before **05/15/2026**
For Period APR
Tax Year 2026

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

Account Number #
Fed. ID #

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(Official Title) _____

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Village of Malta

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before **06/15/2026**
For Period MAY
Tax Year 2026

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

Account Number #
Fed. ID #

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Village of Malta

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

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before **07/15/2026**
For Period JUN
Tax Year 2026

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

Account Number #
Fed. ID #

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(Official Title) _____

Date

Village of Malta

Income Tax Department
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Malta, Ohio 43758

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before 08/15/2026
For Period JUL
Tax Year 2026

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

Account Number #
Fed. ID #

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(Official Title) _____

Date

Village of Malta

Income Tax Department
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Malta, Ohio 43758

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before 09/15/2026
For Period AUG
Tax Year 2026

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

Account Number #
Fed. ID #

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(Official Title) _____

Date

Village of Malta

Income Tax Department
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Malta, Ohio 43758

EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or before 10/15/2026
For Period SEP
Tax Year 2026

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

Account Number #
Fed. ID #

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Date