

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 04/15/2026
For Period JAN FEB MAR
Tax Year 2026

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

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 07/15/2026
For Period APR MAY JUN
Tax Year 2026

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

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(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 10/15/2026
For Period JUL AUG SEP
Tax Year 2026

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

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(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 01/15/2027

For Period OCT NOV DEC

Tax Year 2026

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 \$ _____

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(signed) _____

(Official Title) _____

Date