

Dear Employer:

This is your **2017** Employer's Monthly Return of Tax Withheld package. Included are all four quarterly forms for your convenience. The quarterly forms are due as so indicated. We have also included the Employer Reconciliation of Income Tax Withheld for **2017**. **All copies of W-2's for employee withholding and 1099's for work or services performed in Bolivar must be submitted with the reconciliation.** If you have any questions regarding your withholding forms, please contact the Village of Bolivar Income Tax Division at P.O. Box 204, Bolivar, Ohio 44612. If you wish to contact by telephone, our number is (330) 874-3717.

Sincerely,

INCOME TAX ADMINISTRATOR

VILLAGE OF BOLIVAR EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

☐ AMENDED

RETURN FORM WITH PAYMENT

		DO NOT ROUND
1. Taxable Earnings paid all Employees subject to Village of Bolivar, 1% (.01) Income Tax	1.	
Is this a courtesy withholding?..... <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is this a final return?		
If yes, attach explanation		
2. Actual Tax Withheld in month for Village of Bolivar	2.	
3. Adjustment of tax for prior month (see instructions)	3.	
4. Penalty, 50% of the tax due	4.	
5. Interest (.42% per month)	5.	
6. Total - (Lines 2-5)	6.	

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

THIS RETURN MUST BE POSTMARKED ON OR BEFORE THE DUE DATE SHOWN BELOW.
MAKE CHECK OR MONEY ORDER PAYABLE TO

VILLAGE OF BOLIVAR

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

January 31, 2017

DUE ON OR BEFORE

February 15, 2017

FORM WH-M

MAIL TO:

VILLAGE OF BOLIVAR

P.O. BOX 204

BOLIVAR, OH 44612

TELEPHONE (330) 874-3717

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

VILLAGE OF BOLIVAR EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

☐ AMENDED

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MAKE CHECK OR MONEY ORDER PAYABLE TO

VILLAGE OF BOLIVAR

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

February 28, 2017

DUE ON OR BEFORE

March 15, 2017

FORM WH-M

MAIL TO:

VILLAGE OF BOLIVAR

P.O. BOX 204

BOLIVAR, OH 44612

TELEPHONE (330) 874-3717

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6.	Total - (Lines 2-5)	6.

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

March 31, 2017

DUE ON OR BEFORE

April 15, 2017

FORM WH-M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

April 30, 2017

DUE ON OR BEFORE

May 15, 2017

FORM WH-M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

May 31, 2017

DUE ON OR BEFORE

June 15, 2017

FORM WH-M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

June 30, 2017

DUE ON OR BEFORE

July 15, 2017

FORM WH-M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

July 31, 2017

DUE ON OR BEFORE

August 15, 2017

FORM WH-M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

August 31, 2017

DUE ON OR BEFORE

September 15, 2017

FORM WH-M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO
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MAIL TO:**VILLAGE OF BOLIVAR**

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6.	Total - (Lines 2-5).....	6.

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

September 30, 2017

DUE ON OR BEFORE

October 15, 2017

FORM WH-M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO
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6.	Total - (Lines 2-5).....	6.

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

October 31, 2017

DUE ON OR BEFORE

November 15, 2017

FORM WH-M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

THIS RETURN MUST BE POSTMARKED ON OR BEFORE THE DUE DATE SHOWN BELOW.
MAKE CHECK OR MONEY ORDER PAYABLE TO
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6.	Total - (Lines 2-5).....	6.

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

November 30, 2017

DUE ON OR BEFORE

December 15, 2017

FORM WH-M

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

Phone no. _____

THIS RETURN MUST BE POSTMARKED ON OR BEFORE THE DUE DATE SHOWN BELOW.
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VILLAGE OF BOLIVAR

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VILLAGE OF BOLIVAR EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD
☐ AMENDED

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DO NOT ROUND

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MAKE CHECK OR MONEY ORDER PAYABLE TO

VILLAGE OF BOLIVAR

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING

December 31, 2017

DUE ON OR BEFORE

January 15, 2018
MAIL TO:
VILLAGE OF BOLIVAR

P.O. BOX 204

BOLIVAR, OH 44612

TELEPHONE (330) 874-3717

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FORM WH-M

**VILLAGE OF BOLIVAR
ANNUAL RECONCILIATION**

SUBMIT BY FEBRUARY 28. W-2'S OR LIST MUST BE ATTACHED.

MAIL TO: **VILLAGE OF BOLIVAR**
P.O. BOX 204
BOLIVAR, OH 44612

PHONE: (330) 874-3717

FOR TAX YEAR ENDING 2017

PAYMENT ENCLOSED (if there is a balance due) ☐

NAME:

FIN:

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1ST QUARTER	3RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2ND QUARTER	4TH QUARTER

**SUMMARY
MUST BE COMPLETED**

1. NUMBER OF EMPLOYEES: _____
2. WAGES SUBJECT TO BOLIVAR TAX: \$ _____
3. BOLIVAR TAX WITHHELD \$ _____
4. BOLIVAR TAX REMITTED \$ _____
5. BALANCE DUE OR REFUND \$ _____

OFFICE USE ONLY

W-2'S CKD: _____

DATE: _____

R: \$ _____

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____