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

| 1. | Taxable Earnings paid all Employees subject to | | DO NOT ROUND | I hereby certify that the information and statements |
|-----|---|----|--|--|
| | Village of Bolivar, 1% (.01) Income Tax USE NO Is this a courtesy withholding? YES NO Is this a final return? | 1. | | contained herein are true and correct. (Signed) |
| 2. | Actual Tax Withheld in month for Village of Bolivar | 2. | | (Official Title) Date |
| 3. | Adjustment of tax for prior month (see instructions) | 3. | | Federal ID no. |
| 4. | Penalty, 50% of the tax due | 4. | | Phone no |
| 5. | Interest (.42% per month) | 5. | 2011년 1월 20 1월 2011년 1월 2 | THIS RETURN MUST BE POSTMARKED ON OR |
| 6. | Total – (Lines 2-5) | 6. | | BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO |
| NAN | //E AND ADDRESS | | | VILLAGE OF BOLIVAR |

MONTHLY

- - ----

FOR MONTH ENDING January 31, 2017 DUE ON OR BEFORE

FORM WH-M

VILLAGE OF BOLIVAR EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

| NEI | URN | FURIN | VVIII | PATIVIEN |
|-----|-----|-------|-------|----------|
| | | | | |

| 1. | Taxable Earnings paid all Employees subject to Village of Bolivar, 1% (.01) Income Tax Is this a courtesy withholding? Is this a final return? | DO NOT ROUND | I hereby certify that the information and statements contained herein are true and correct. |
|----|--|--|---|
| | If yes, attach explanation | and the second sec | (Official Title) Date |
| 2. | Actual Tax Withheld in month for Village of Bolivar 2. | | |
| З. | Adjustment of tax for prior month (see instructions) 3. | | Federal ID no |
| 4. | Penalty, 50% of the tax due 4. | | Phone no |
| 5. | Interest (.42% per month) 5. | | THIS RETURN MUST BE POSTMARKED ON OR |
| 6. | Total – (Lines 2-5) | | BEFORE THE DUE DATE SHOWN BELOW. 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

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.

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.

AMENDED **BETURN FORM WITH PAYMENT**

February 15, 2017

AMENDED

RETURN FORM WITH PAYMENT

| | Taxable Earnings paid all Employees subject to | DO NOT ROUI | I hereby certify that the information and statements |
|-----|---|-----------------|---|
| 1. | Village of Bolivar, 1% (.01) Income Tax | | contained herein are true and correct. |
| | Is this a courtesy withholding? □ YES □ NO | | (Signed) |
| | Is this a final return? □ YES □ NO If yes, attach explanation | | (Official Title) Date |
| 2. | Actual Tax Withheld in month for Village of Bolivar | 2. | |
| 3. | Adjustment of tax for prior month (see instructions) | | Federal ID no. |
| 4. | Penalty, 50% of the tax due | | Phone no |
| 5. | Interest (.42% per month) | | THIS RETURN MUST BE POSTMARKED ON C |
| 6. | Total – (Lines 2-5) | | BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE |
| NAM | IE AND ADDRESS | | VILLAGE OF BOLIVAR |
| | | MONTH | Y MAIL TO: |
| | | | VILLAGE OF BOLIVAR |
| | | FOR MONTH END | 1.0. DOX 204 |
| | | March 31, 2 | TELEDHONE (220) 974 2717 |
| | | April 15, 20 | |
| FOR | M WH-M | 7 ipin 10, 20 | enclose self-addressed, stamped envelope |
| | | | |
| VIL | LAGE OF BOLIVAR EMPLOYER'S MONTHLY RETURN O | Ε ΤΔΧ WITHHEI D | AMENDED RETURN FORM WITH PAY |
| | | DO NOT ROU | |
| 1. | Taxable Earnings paid all Employees subject to | | I hereby certify that the information and statement contained herein are true and correct. |
| | Village of Bolivar, 1% (.01) Income Tax Is this a courtesy withholding? □ YES □ NO | • | |
| | Is this a final return? I YES I NO | | (Signed) |
| 246 | If yes, attach explanation | | (Official Title) Date |
| 2. | Actual Tax Withheld in month for Village of Bolivar 2 | | Federal ID no. |
| 3. | Adjustment of tax for prior month (see instructions) | | Phone no. |
| 4. | Penalty, 50% of the tax due | | |
| 5. | Interest (.42% per month) | | THIS RETURN MUST BE POSTMARKED ON (BEFORE THE DUE DATE SHOWN BELOW. |
| 6. | Total – (Lines 2-5) | ð. | MAKE CHECK OR MONEY ORDER PAYABLE |
| NAN | IE AND ADDRESS | | VILLAGE OF BOLIVAR |
| | | MONTH | Y MAIL TO: |
| | | FOR MONTH END | |
| | | April 30, 20 | 1.0. BOX 204 |
| | | DUE ON OR BEF | TELEDHONE (330) 874 3717 |
| | | May 15, 201 | 7 If receipt is desired, submit additional copy a |
| EOD | M WH-M | 5 | enclose self-addressed, stamped envelope |

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING May 31, 2017 DUE ON OR BEFORE June 15, 2017

MAIL TO: VILLAGE OF BOLIVAR P.O. BOX 204 BOLIVAR, OH 44612 TELEPHONE (330) 874-3717

MAKE CHECK OR MONEY ORDER PAYABLE TO VILLAGE OF BOLIVAR

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

AMENDED

RETURN FORM WITH PAYMENT

| 1. | | | | |
|-----------------------------------|---|----------------|--------------------------------|---|
| | Taxable Earnings paid all Employees subject to | | DO NOT ROUND | I hereby certify that the information and statements |
| | Village of Bolivar, 1% (.01) Income Tax Is this a courtesy withholding? □ YES □ NO | 1. | | contained herein are true and correct. |
| | Is this a final return? □ YES □ NO | | | (Signed) |
| _ | If yes, attach explanation | | | (Official Title) Date |
| 2. | Actual Tax Withheld in month for Village of Bolivar | | | Federal ID no |
| 3. | Adjustment of tax for prior month (see instructions) | | | Phone no. |
| 4. | Penalty, 50% of the tax due | | | |
| 5. | Interest (.42% per month) | | | THIS RETURN MUST BE POSTMARKED ON OR BEFORE THE DUE DATE SHOWN BELOW. |
| 6. | Total – (Lines 2-5) | 6. | | MAKE CHECK OR MONEY ORDER PAYABLE TO |
| NAN | IE AND ADDRESS | | | VILLAGE OF BOLIVAR |
| | | | MONTHLY | MAIL TO: |
| | | | FOR MONTH ENDING | P.O. BOX 204 |
| | | | June 30, 2017 | BOLIVAR, OH 44612 |
| | | | DUE ON OR BEFORE | TELEPHONE (330) 874-3717 |
| | RM WH-M | | July 15, 2017 | If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope. |
| | | | | |
| VIL | LAGE OF BOLIVAR EMPLOYER'S MONTHLY RETURN O | DF ' | TAX WITHHELD | AMENDED RETURN FORM WITH PAYMEN |
| 1. | Taxable Earnings paid all Employees subject to | | DO NOT ROUND | I hereby certify that the information and statements |
| | Village of Bolivar, 1% (.01) Income Tax | 1. | | contained herein are true and correct. |
| | Is this a courtesy withholding? □ YES □ NO Is this a final return? □ YES □ NO | | | (Signed) |
| | If yes, attach explanation | | | (Official Title) Date |
| | Actual Tax Withheld in month for Village of Bolivar | 2 | | |
| 2. | Nordal last manifest manage of Bolivar minimum | £ | | |
| | Adjustment of tax for prior month (see instructions) | | | Federal ID no |
| 3. | | 3. | - 8 | Phone no |
| 3. 4. | Adjustment of tax for prior month (see instructions) | 3. 4. | | Phone no THIS RETURN MUST BE POSTMARKED ON OR |
| 3. 4. 5. | Adjustment of tax for prior month (see instructions) Penalty, 50% of the tax due | 3. 4. 5. | | Phone no |
| 3. 4. 5. 6. | Adjustment of tax for prior month (see instructions) Penalty, 50% of the tax due Interest (.42% per month) Total – (Lines 2-5) | 3. 4. 5. | | Phone no THIS RETURN MUST BE POSTMARKED ON OR BEFORE THE DUE DATE SHOWN BELOW. |
| 3. 4. 5. 6. | Adjustment of tax for prior month (see instructions) Penalty, 50% of the tax due Interest (.42% per month) | 3. 4. 5. | MONTHLY | 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 |
| 3. 4. 5. 6. | Adjustment of tax for prior month (see instructions) Penalty, 50% of the tax due Interest (.42% per month) Total – (Lines 2-5) | 3. 4. 5. | | Phone no |
| 3. 4. 5. 6. | Adjustment of tax for prior month (see instructions) Penalty, 50% of the tax due Interest (.42% per month) Total – (Lines 2-5) | 3. 4. 5. | FOR MONTH ENDING | Phone no |
| 3. 4. 5. 6. | Adjustment of tax for prior month (see instructions) Penalty, 50% of the tax due Interest (.42% per month) Total – (Lines 2-5) | 3. 4. 5. | FOR MONTH ENDING July 31, 2017 | Phone no |
| 2. 3. 4. 5. 6. NAN | Adjustment of tax for prior month (see instructions) Penalty, 50% of the tax due Interest (.42% per month) Total – (Lines 2-5) | 3. 4. 5. | FOR MONTH ENDING | THIS RETURN MUST BE POSTMARKED ON OR BEFORE THE DUE DATE SHOWN BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO VILLAGE OF BOLIVAR MAIL TO: VILLAGE OF BOLIVAR P.O. BOX 204 BOLIVAR, OH 44612 |

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING August 31, 2017 DUE ON OR BEFORE TELEPHONE (330) 874-3717 September 15, 2017 If receipt is desired, submit additional copy and

MAIL TO: VILLAGE OF BOLIVAR P.O. BOX 204 BOLIVAR, OH 44612 TELEPHONE (330) 874-3717

MAKE CHECK OR MONEY ORDER PAYABLE TO VILLAGE OF BOLIVAR

enclose self-addressed, stamped envelope.

AMENDED

RETURN FORM WITH PAYMENT

| | Taxable Earnings paid all Employees subject to Village of Bolivar, 1% (.01) Income Tax 1. | DO NOT ROUND | I hereby certify that the information and statements contained herein are true and correct. |
|------|--|--------------------------------------|--|
| | Is this a courtesy withholding? □ YES □ NO Is this a final return? □ YES □ NO | | (Signed) |
| | If yes, attach explanation | | (Official Title) Date |
| 2. | Actual Tax Withheld in month for Village of Bolivar 2. | | Federal ID no. |
| 3. | Adjustment of tax for prior month (see instructions) 3. | | |
| 4. | Penalty, 50% of the tax due 4. | | Phone no |
| 5. | Interest (.42% per month) 5. | | THIS RETURN MUST BE POSTMARKED ON O BEFORE THE DUE DATE SHOWN BELOW. |
| 6. | Total – (Lines 2-5) | | MAKE CHECK OR MONEY ORDER PAYABLE T |
| NAME | E AND ADDRESS | MONTHLY | |
| | | | MAIL TO: VILLAGE OF BOLIVAR |
| | | FOR MONTH ENDING | P.O. BOX 204 |
| | | September 30, 20 DUE ON OR BEFORE | 17 BOLIVAR, OH 44612 TELEPHONE (330) 874-3717 |
| FOR | M WH-M | October 15, 2017 | If receipt is desired, submit additional copy a enclose self-addressed, stamped envelope. |
| | | | |
| | AGE OF BOLIVAR EMPLOYER'S MONTHLY RETURN OF | | AMENDED RETURN FORM WITH PAYN |
| | Taxable Earnings paid all Employees subject to | DO NOT ROUND | I hereby certify that the information and statements |
| | Village of Bolivar, 1% (.01) Income Tax 1. Is this a courtesy withholding? □ YES □ NO | | contained herein are true and correct. |
| | Is this a final return? I YES I NO | | (Signed) |
| | If yes, attach explanation | | (Official Title) Date |
| | Actual Tax Withheld in month for Village of Bolivar 2. | | Federal ID no. |
| | Adjustment of tax for prior month (see instructions) 3. | | |
| 4. | Penalty, 50% of the tax due 4. | | Phone no |
| 5. | Interest (.42% per month) 5. | | THIS RETURN MUST BE POSTMARKED ON C BEFORE THE DUE DATE SHOWN BELOW. |
| 6. | Total – (Lines 2-5) | | MAKE CHECK OR MONEY ORDER PAYABLE |
| NAM | E AND ADDRESS | | VILLAGE OF BOLIVAR |
| | | MONTHLY | MAIL TO: |
| | | FOR MONTH ENDING | VILLAGE OF BOLIVAR |
| | | October 31, 2017 | P.O. BOX 204 BOLIVAR, OH 44612 |
| | | DUE ON OR BEFORE | TELEPHONE (330) 874-3717 |
| | | November 15, 20 | 17 If receipt is desired, submit additional copy a |
| FORM | M WH-M | | enclose self-addressed, stamped envelope |

NAME AND ADDRESS

MONTHLY

FOR MONTH ENDING November 30, 2017 DUE ON OR BEFORE December 15, 2017 MAIL TO: VILLAGE OF BOLIVAR P.O. BOX 204 BOLIVAR, OH 44612 TELEPHONE (330) 874-3717

VILLAGE OF BOLIVAR

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

Т

AMENDED RETURN FORM WITH PAYMENT

| ls Is | axable Earnings paid all Employees subject to illage of Bolivar, 1% (.01) Income Tax YES INO this a courtesy withholding? YES INO this a final return? YES INO yes, attach explanation | DO NOT ROUND | contained (Signed) _ | ertify that the information and statement herein are true and correct. |
|----------|--|---|------------------------------------|--|
| | ctual Tax Withheld in month for Village of Bolivar | 2. | , , | 1 |
| | djustment of tax for prior month (see instructions) | | Federal ID | no |
| | enalty, 50% of the tax due | | Phone no. | |
| | iterest (.42% per month) | | THIS R | ETURN MUST BE POSTMARKED ON |
| | otal – (Lines 2-5) | | | ORE THE DUE DATE SHOWN BELOW. CHECK OR MONEY ORDER PAYABLE |
| | AND ADDRESS | | | VILLAGE OF BOLIVAR |
| | | FOR MONTH ENDING December 31, 2 DUE ON OR BEFORE January 15, 201 | 2017 18 If receip | MAIL TO: VILLAGE OF BOLIVAR P.O. BOX 204 BOLIVAR, OH 44612 TELEPHONE (330) 874-3717 of is desired, submit additional copy se self-addressed, stamped envelop |
| FORM | WH-M | | encio | se sell-addressed, stamped envelop |
| | IT BY FEBRUARY 28. W-2'S OR LIST MUST BE ATTACHED. TO: VILLAGE OF BOLIVAR | FEBRUARY | AUGUST | 1. NUMBER OF EMPLOYEES: 2. WAGES SUBJECT |
| | P.O. BOX 204 BOLIVAR, OH 44612 PHONE: (330) 874-3717 FOR TAX YEAR ENDING <u>2017</u> | 1ST QUARTER APRIL MAY | 3RD QUARTER OCTOBER NOVEMBER | TO BOLIVAR TAX: \$ 3. BOLIVAR TAX WITHHELD \$ 4. BOLIVAR TAX REMITTED \$ 5. BALANCE DUE OR REFUND \$ |
| | BOLIVAR, OH 44612 PHONE: (330) 874-3717 | APRIL | OCTOBER NOVEMBER | TO BOLIVAR TAX: \$ 3. BOLIVAR TAX WITHHELD \$ 4. BOLIVAR TAX REMITTED \$ 5. BALANCE DUE OR REFUND \$ |
| NAME: | BOLIVAR, OH 44612 PHONE: (330) 874-3717 FOR TAX YEAR ENDING | APRIL | OCTOBER | TO BOLIVAR TAX: \$ 3. BOLIVAR TAX WITHHELD \$ 4. BOLIVAR TAX REMITTED \$ 5. BALANCE DUE OR REFUND \$ OFFICE USE ONLY |
| NAME: | BOLIVAR, OH 44612 PHONE: (330) 874-3717 FOR TAX YEAR ENDING 2017 PAYMENT ENCLOSED (if there is a balance due) | APRIL | OCTOBER NOVEMBER | TO BOLIVAR TAX: \$ 3. BOLIVAR TAX WITHHELD \$ 4. BOLIVAR TAX REMITTED \$ 5. BALANCE DUE OR REFUND \$ |