

Dear Employer:

This is your **2019** Employer's Quarterly 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 **2019**. We have also included the Employer Reconciliation of Income Tax Withheld for **2019**. 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 Department 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 EMPLOYERS QUARTERLY RETURNS OF TAX WITHHELD AMENDED **Return with Payment**

	DOLLARS	CENTS
1. Taxable Earnings paid all Employees subject to Village of BOLIVAR 1% (.01) Income Tax. Is this a courtesy withholding? • YES Is this a final return? • YES • NO If yes, attach explanation	1	
2. Actual Tax Withheld in Village of BOLIVAR	2	
3. Adjustment of Tax for prior quarter	3	
4. Interest (.5% per month)	4	
5. Penalty, 50% of the tax due	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

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK PAYABLE TO
VILLAGE OF BOLIVAR

FEIN:

Employer Name:

**1ST QUARTER
JAN. FEB. MAR.
DUE ON OR BEFORE
April 30, 2019**

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

VILLAGE OF BOLIVAR EMPLOYERS QUARTERLY RETURNS OF TAX WITHHELD • AMENDED **Return with Payment**

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Official Title _____

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ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK PAYABLE TO
VILLAGE OF BOLIVAR

FEIN:

Employer Name:

**2ND QUARTER
APR. MAY, JUN.
DUE ON OR BEFORE
July 31, 2019**

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

VILLAGE OF BOLIVAR EMPLOYERS QUARTERLY RETURNS OF TAX WITHHELD • AMENDED **Return with Payment**

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Official Title _____

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MAKE CHECK PAYABLE TO
VILLAGE OF BOLIVAR

MAIL TO:

FEIN:
Employer Name:

**3rd QUARTER
JULY, AUG. SEPT.
DUE ON OR BEFORE
October 31, 2019**

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

VILLAGE OF BOLIVAR EMPLOYERS QUARTERLY RETURNS OF TAX WITHHELD • AMENDED **Return with Payment**

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Official Title _____

Date _____
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MAKE CHECK PAYABLE TO
VILLAGE OF BOLIVAR

MAIL TO:

FEIN:
Employer Name:

**4TH QUARTER
OCT, NOV. DEC.
DUE ON OR BEFORE
January 31, 2020**

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

**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 TAXYEAR ENDING 2019

Employer Name:

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:s _____

FEIN:

DATE: _____

R: \$ _____

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

Signed _____ Title _____
Fein _____ Date _____
Phone Number: _____