

Dear Employer:

This is your 2021 Employer's Monthly Return of Tax Withheld package. Included are all twelve Monthly forms for your convenience. The monthly forms are due as so indicated. We have also included the Employer Reconciliation of Income Tax Withheld for 2021. All copies of W-2's for employees 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

Notify the Income Tax Department promptly of any change in ownership, name, or address.

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

1. Taxable Earnings paid all Employees sub ect to Village of BOLIVAR .1 (.01) Income tax. Is this a courtesy withholding <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO	DOLLARS	CENTS
1		
2 A T BOLI AR	2	
3. Adjustment of Tax for prior quarter	3	
4. Interest (.42)	4	
P 0		
T -(L 2-)		

I
S
O T _____ Date

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING:
January 31, 2021
DUE ON OR BEFORE:
February 15, 2021

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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P 0		
T -(L 2-)		

I
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O T _____ D

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING: February 28, 2021
DUE ON OR BEFORE: March 15, 2021

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

	DOLLARS	CENTS
1. Taxable Earnings paid all Employees subject to Village of BOLIVAR .1% (.01) Income tax. Is this a courtesy withholding? <input type="checkbox"/> YES Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> 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 (.42% 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:

MONTHLY
FOR MONTH ENDING:
March 31, 2021
DUE ON OR BEFORE:
April 15, 2021

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

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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:

MONTHLY
FOR MONTH ENDING:
April 30, 2021
DUE ON OR BEFORE:
May 15, 2021

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

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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:

MONTHLY
FOR MONTH ENDING:
May 31, 2021
DUE ON OR BEFORE:
June 15, 2021

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**

	DOLLARS	CENTS
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4. Interest (.42% per month)	4	
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Signed _____ Date _____
Official Title _____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING:
June 30, 2021
DUE ON OR BEFORE:
July 15, 2021

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**

	DOLLARS	CENTS
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Signed _____ Date _____
Official Title _____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING:
July 31, 2021
DUE ON OR BEFORE:
August 15, 2021

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**

	DOLLARS	CENTS
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4. Interest (.42% 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 _____ Date _____
Official Title _____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING:
August 31, 2021
DUE ON OR BEFORE:
September 15, 2021

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

	DOLLARS	CENTS
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4. Interest (.42% per month)	4	
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Signed _____
Official Title _____ Date _____

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING:
September 30, 2021
DUE ON OR BEFORE:
October 15, 2021

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? <input type="checkbox"/> YES Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> 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 (.42% 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:

MONTHLY
FOR MONTH ENDING:
October 31, 2021
DUE ON OR BEFORE:
November 15, 2021

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? <input type="checkbox"/> YES Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> 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 (.42% per month)	4	
5. Penalty, 50% of the tax due	5	
6. Total - (Lines 2-5)	6	

THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING:
November 30, 2021
DUE ON OR BEFORE:
December 15, 2021

I hereby certify that the information and statements contained herein are true and correct.
Signed _____
Official Title _____ Date _____

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? <input type="checkbox"/> YES Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation	1	
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4. Interest (.42% 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 _____

FEIN:
 Employer Name:

MONTHLY
 FOR MONTH ENDING:
December 31, 2021
 DUE ON OR BEFORE:
January 18, 2022

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

VILLAGE OF BOLIVAR

ANNUAL RECONCILIATION
 SUBMIT BY FEBRUARY 28

SUMMARY
MUST BE COMPLETED

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 2021

FEIN:
 Employer Name:

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
QTR 1	QTR 3
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
QTR 2	QTR 4

1. NUMBER OF EMPLOYEES: _____
2. WAGES SUBJECT TO \$ _____
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: _____
 FEIN: _____
 Phone Number: _____

Title: _____
 Date: _____