

Dear Employer:

This is your **2023** 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 **2023**. We have also included the Employer Reconciliation of Income Tax Withheld for **2023**. **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 PO Box 204, Bolivar, OH 44612. If you wish to contact by telephone, our number is **(330) 874-3717**.

Sincerely,

INCOME TAX ADMINISTRATOR

VILLAGE OF BOLIVAR EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD AMENDED **Return with Payment**

	DOLLARS	CENTS
1. Taxable Earnings paid all Employees subject to Village of BOLIVAR 1% 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 (.58% 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 _____
Title/Phone _____

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

Name and Address:

1ST QUARTER
JAN. FEB. MAR.
DUE ON OR BEFORE
May 1, 2023
FEIN:

MAIL TO;
VILLAGE OF BOLIVAR
PO BOX 204
BOLIVAR, OH 44612
(330) 874-3717

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VILLAGE OF BOLIVAR

Name and Address:

2ND QUARTER
APR. MAY, JUN.
DUE ON OR BEFORE
July 31, 2023
FEIN:

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

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Title/Phone _____

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MAKE CHECK PAYABLE TO
VILLAGE OF BOLIVAR

Name and Address:

3rd QUARTER
JULY, AUG. SEPT.
DUE ON OR BEFORE
October 31, 2023
FEIN:

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

VILLAGE OF BOLIVAR EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD AMENDED **Return with Payment**

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Signed _____
Title/Phone _____

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ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK PAYABLE TO
VILLAGE OF BOLIVAR

Name and Address:

4TH QUARTER
OCT, NOV. DEC.
DUE ON OR BEFORE
January 31, 2024
FEIN:

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

VILLAGE OF BOLIVAR

ANNUAL RECONCILIATION
SUBMIT BY FEBRUARY 28. W-2'S & 1099's MUST BE ATTACHED

MAIL TO: VILLAGE OF BOLIVAR
PO BOX 204
BOLIVAR, OH 44612

PHONE: (330) 874-3717

FOR TAXYEAR ENDING 2023

Name and Address:

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

SUMMARY
MUST BE COMPLETED

- NUMBER OF EMPLOYEES _____
- WAGES SUBJECT TO BOLIVAR TAX \$ _____
- BOLIVAR TAX WITHHELD \$ _____
- BOLIVAR TAX REMITTED \$ _____
- 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 _____
Phone _____ Date _____