Dear Employer:

This is your **2024** 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 **2024**. 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

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY R	ETURNS OF TAX	WITHHELD	□ AMENDED	Return with Payment
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	DOLLARS 1	CENTS	I hereby certify that t statements contained Signed	d herein are true and correct
Actual Tax Withheld in Village of BOLIVAR	2		Official Title	Date
3. Adjustment of Tax for prior quarter	3		TUIC DETI	IDN MUST DE EU ED
4. Interest (.83% per month)	4		THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN MAKE CHECK PAYABLE TO:	
5. Penalty, 50% of the tax due	5			
6. Total - (Lines 2-5)	6		VILLAG	SE OF BOLIVAR
Employer Name: FEIN:		мс	ONTHI Y	MAII TO:

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD

AMENDED

Return with Payment

VILLAGE OF BOLIVAR

P.O.BOX 204

BOLIVAR, OH 44612

(330) 874-3717

1. Taxable Earnings paid all Employees subject to Village	DOLLARS	CENTS	L baraby partify that the information and
of BOLIVAR .1% (.01) Income tax.			I hereby certify that the information and statements contained herein are true and correc
Is this a courtesy withholding? ☐ YES	1		
Is this a final return? ☐ YES ☐ NO			Signed
If yes, attach explanation			Official Title Date
Actual Tax Withheld in Village of BOLIVAR	2		Official Title
3. Adjustment of Tax for prior quarter	3		THIS RETURN MUST BE FILED
4. Interest (.83% per month)	4		ON OR BEFORE THE DUE DATE SHOWN BELOW
5. Penalty, 50% of the tax due	5		MAKE CHECK PAYABLE TO:
6. Total - (Lines 2-5)	6		VILLAGE OF BOLIVAR

Employer Name:

FEIN:

MONTHLY
FOR MONTH ENDING:
February 28, 2024
DUE ON OR BEFORE:
March 15, 2024

FOR MONTH ENDING:

January 31, 2024

DUE ON OR BEFORE:

February 15, 2024

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

FOR MONTH ENDING:
May 31, 2024
DUE ON OR BEFORE:
June 17, 2024

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

Taxable Earnings paid all Employees subject to Village	DOLLARS	CENTS	I hereby
of BOLIVAR .1% (.01) Income tax.			stateme
Is this a courtesy withholding? ☐ YES Is this a final return? ☐ YES ☐ NO	1		
If yes, attach explanation		 	Signed _
Actual Tax Withheld in Village of BOLIVAR	_! 2	!	Official 1
	-		1
Adjustment of Tax for prior quarter	3		
4. Interest (.83% per month)	4		ON OF
5. Penalty, 50% of the tax due	5		
6. Total - (Lines 2-5)	6		

y certify that the information and ents contained herein are true and correct.

Date Title ____

THIS RETURN MUST BE FILED R BEFORE THE DUE DATE SHOWN BELOW MAKE CHECK PAYABLE TO:

VILLAGE OF BOLIVAR

FEIN: **Employer Name:**

> FOR MONTH ENDING: August 31, 2024 DUE ON OR BEFORE:

September 16, 2024

MONTHLY

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

Taxable Earnings paid all Employees subject to Village	DOLLARS	CENTS	I hereby ce
of BOLIVAR .1% (.01) Income tax.			statements
Is this a courtesy withholding? ☐ YES Is this a final return? ☐ YES ☐ NO	1		
If yes, attach explanation			Signed
Actual Tax Withheld in Village of BOLIVAR	2		Official Title
3. Adjustment of Tax for prior quarter	3		т
4. Interest (.83% per month)	4		ON OR BE
5. Penalty, 50% of the tax due	5		
6. Total - (Lines 2-5)	6		
	1	-	•

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

Signed _____ Date

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

VILLAGE OF BOLIVAR

Employer Name:

FEIN:

MONTHLY
FOR MONTH ENDING:
November 30, 2024
DUE ON OR BEFORE:
December 16, 2024

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

Adjustment of Tax for prior quarter	3		THIS RETURN MUST BE FILED
4. Interest (.83% per month)	4		ON OR BEFORE THE DUE DATE SHOWN BELOW
5. Penalty, 50% of the tax due	5		MAKE CHECK PAYABLE TO:
6. Total - (Lines 2-5)	6		VILLAGE OF BOLIVAR
	ı	•	

Employer Name: FEIN:

2. Actual Tax Withheld in Village of BOLIVAR

MONTHLY
FOR MONTH ENDING:
December 31, 2024
DUE ON OR BEFORE:
January 15, 2025

Official Title _

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

VILLAGE OF BOLIVAR

FOR TAX YEAR ENDING 2024

W-2's or LIST MUST BE ATTACHED

MAIL TO: VILLAGE OF BOLIVAR

P.O. BOX 204 BOLIVAR, OH 44612

PHONE: (330) 874-3717

Employer Name: FEIN:

ANNUAL RECONCILATION

SUBMIT BY FEBRUARY 28, 2025

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

SUMMARY MUST BE COMPLETED

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:	Title:
Phone:	Date: