

Dear Employer:

This is your **2024** 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 **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 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? <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 (.83% 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

Employer Name: **FEIN:**

1ST QUARTER
JAN. FEB. MAR.
DUE ON OR BEFORE:
April 30, 2024

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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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

Employer Name: **FEIN:**

2ND QUARTER
APR. MAY, JUN.
DUE ON OR BEFORE:
July 31, 2024

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	
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3. Adjustment of Tax for prior quarter	3	
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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

Employer Name: FEIN:

3RD QUARTER
JULY, AUG. SEPT.
DUE ON OR BEFORE
October 31, 2024

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	
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3. Adjustment of Tax for prior quarter	3	
4. Interest (.83% 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

Employer Name: FEIN:

4TH QUARTER
OCT, NOV. DEC.
DUE ON OR BEFORE
January 31, 2025

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 RECONCILIATION

SUBMIT BY FEBRUARY 28, 2025

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

SUMMARY MUST BE COMPLETED

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