

Dear Employer:

This is your **2025** 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 **2025**. 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 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 _____ Date _____
Official Title _____

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:
January
DUE ON OR BEFORE:
February 17, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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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

Employer Name:

FEIN:

MONTHLY
FOR MONTH ENDING:
February
DUE ON OR BEFORE:
March 16, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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

Employer Name: FEIN:

MONTHLY
FOR MONTH ENDING:
March
DUE ON OR BEFORE:
April 15, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

Employer Name: FEIN:

MONTHLY
FOR MONTH ENDING:
April
DUE ON OR BEFORE:
May 15, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

Employer Name: FEIN:

MONTHLY
FOR MONTH ENDING:
May
DUE ON OR BEFORE:
June 15, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

Employer Name: FEIN:

MONTHLY
FOR MONTH ENDING:
June
DUE ON OR BEFORE:
July 15, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

Employer Name: FEIN:

MONTHLY
FOR MONTH ENDING:
July
DUE ON OR BEFORE:
August 17, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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MAKE CHECK PAYABLE TO:
VILLAGE OF BOLIVAR

Employer Name: FEIN:

MONTHLY
FOR MONTH ENDING:
August
DUE ON OR BEFORE:
September 15, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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Official Title _____ Date _____

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

Employer Name: **FEIN:**

MONTHLY
FOR MONTH ENDING:
September
DUE ON OR BEFORE:
October 15, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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

Employer Name: **FEIN:**

MONTHLY
FOR MONTH ENDING:
October
DUE ON OR BEFORE:
November 16, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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Official Title _____ Date _____

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

Employer Name: **FEIN:**

MONTHLY
FOR MONTH ENDING:
November
DUE ON OR BEFORE:
December 15, 2025

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

VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD AMENDED

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Official Title _____ Date _____

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

Employer Name: FEIN:

MONTHLY
FOR MONTH ENDING:
December
DUE ON OR BEFORE:
January 15, 2026

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

VILLAGE OF BOLIVAR
FOR TAX YEAR ENDING 2025

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, 2026

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: _____