

Dear Employer:

This is your **2026** 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 **2026**. 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.**

<b>VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD</b>			<input type="checkbox"/> AMENDED	<b>Return with Payment</b>
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	DOLLARS	CENTS	I hereby certify that the information and statements contained herein are true and correct.  Signed _____ Official Title _____ Date _____	
2. Actual Tax Withheld in Village of BOLIVAR	2		THIS RETURN MUST BE FILED ON OR BEFORE THE DUE DATE SHOWN BELOW MAKE CHECK PAYABLE TO: <b>VILLAGE OF BOLIVAR</b>	
3. Adjustment of Tax for prior quarter	3			
4. Interest (.75% per month)	4			
5. Penalty, 50% of the tax due	5			
6. Total - (Lines 2-5)	6			

Employer Name:

**MONTHLY**  
FOR MONTH ENDING:  
**January**  
DUE ON OR BEFORE:  
**February 17, 2026**

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

<b>VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD</b>			<input type="checkbox"/> AMENDED	<b>Return with Payment</b>
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Employer Name:

**MONTHLY**  
FOR MONTH ENDING:  
**February**  
DUE ON OR BEFORE:  
**March 16, 2026**

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

## VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD

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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**

Employer Name:

MONTHLY  
FOR MONTH ENDING:  
**March**  
DUE ON OR BEFORE:  
**April 15, 2026**MAIL TO:  
**VILLAGE OF BOLIVAR**  
**P.O.BOX 204**  
**BOLIVAR, OH 44612**  
(330) 874-3717

## VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD

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**VILLAGE OF BOLIVAR**

Employer Name:

MONTHLY  
FOR MONTH ENDING:  
**April**  
DUE ON OR BEFORE:  
**May 15, 2026**MAIL TO:  
**VILLAGE OF BOLIVAR**  
**P.O.BOX 204**  
**BOLIVAR, OH 44612**  
(330) 874-3717

## VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD

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MAKE CHECK PAYABLE TO:  
**VILLAGE OF BOLIVAR**

Employer Name:

MONTHLY  
FOR MONTH ENDING:  
**May**  
DUE ON OR BEFORE:  
**June 15, 2026**MAIL TO:  
**VILLAGE OF BOLIVAR**  
**P.O.BOX 204**  
**BOLIVAR, OH 44612**  
(330) 874-3717

## VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD

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Employer Name:

**MONTHLY**  
FOR MONTH ENDING:  
**June**  
DUE ON OR BEFORE:  
**July 15, 2026**

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

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Signed \_\_\_\_\_ Date \_\_\_\_\_

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**VILLAGE OF BOLIVAR**

## VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD

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Employer Name:

**MONTHLY**  
FOR MONTH ENDING:  
**July**  
DUE ON OR BEFORE:  
**August 17, 2026**

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

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Signed \_\_\_\_\_ Date \_\_\_\_\_

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MAKE CHECK PAYABLE TO:  
**VILLAGE OF BOLIVAR**

## VILLAGE OF BOLIVAR EMPLOYERS MONTHLY RETURNS OF TAX WITHHELD

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

Employer Name:

**MONTHLY**  
FOR MONTH ENDING:  
**August**  
DUE ON OR BEFORE:  
**September 15, 2026**

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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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:

MONTHLY  
FOR MONTH ENDING:  
**September**  
DUE ON OR BEFORE:  
**October 15, 2026**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 \_\_\_\_\_THIS RETURN MUST BE FILED  
ON OR BEFORE THE DUE DATE SHOWN BELOW  
MAKE CHECK PAYABLE TO:  
**VILLAGE OF BOLIVAR**

Employer Name:

MONTHLY  
FOR MONTH ENDING:  
**October**  
DUE ON OR BEFORE:  
**November 16, 2026**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

Return with Payment

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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**

Employer Name:

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

**Return with Payment**

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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**

**MONTHLY**  
FOR MONTH ENDING:  
**December**  
DUE ON OR BEFORE:  
**January 15, 2027**

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

**Employer Name:**

**VILLAGE OF BOLIVAR**  
FOR TAX YEAR ENDING 2026

**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:**

**ANNUAL RECONCILIATION**  
SUBMIT BY **MARCH 1, 2027**

**SUMMARY MUST BE COMPLETED**

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

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: \_\_\_\_\_