

Dear Employer:

This is your **2020** 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 **2020**. 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

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 (.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 _____

Official Title _____

Date

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

FEIN:

Employer Name:

MONTHLY
FOR MONTH ENDING
January 31, 2020
DUE ON OR BEFORE
February 16, 2020

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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Official Title _____

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

FEIN:

Employer Name:

MONTHLY
FOR MONTH ENDING
February 28, 2020
DUE ON OR BEFORE
March 16, 2020

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

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

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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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING
March 31, 2020
DUE ON OR BEFORE
April 15, 2020

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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING
April 30, 2020
DUE ON OR BEFORE
May 15, 2020

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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Official Title _____

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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING
May 31, 2020
DUE ON OR BEFORE
June 15, 2020

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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Official Title _____

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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING
June 30, 2020
DUE ON OR BEFORE
July 15, 2020

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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Official Title _____

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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING
July 31, 2020
DUE ON OR BEFORE
August 17, 2020

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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Official Title _____

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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING
August 31, 2020
DUE ON OR BEFORE
September 15, 2020

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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Signed _____
Official Title _____
Date _____

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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING
September 30, 2020
DUE ON OR BEFORE
October 15, 2020

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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Signed _____
Official Title _____
Date _____

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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING
October 31, 2020
DUE ON OR BEFORE
November 16, 2020

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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING
November 30, 2020
DUE ON OR BEFORE
December 15, 2020

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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Official Title _____
Date _____

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

FEIN:
Employer Name:

MONTHLY
FOR MONTH ENDING
December 31, 2020
DUE ON OR BEFORE
January 15, 2021

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

VILLAGE OF BOLIVAR

ANNUAL RECONCILIATION
SUBMIT BY FEBRUARY 28. W-2'S OR LIST MUST BE ATTACHED

MAIL TO: **VILLAGE OF BOLIVAR**
P.O. BOX 204
BOLIVAR, OH 44612

PHONE: (330) 874-3717
FOR TAXYEAR ENDING 2020

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

SUMMARY
MUST BE COMPLETED

- 1. NUMBER OF EMPLOYEES _____
- 2. WAGES SUBJECT TO BOLIVAR TAX \$ _____
- 3. BOLIVAR TAX WITHHELD \$ _____
- 4. BOLIVAR TAX REMITTED \$ _____
- 5. BALANCE DUE OR REFUND \$ _____

Employer Name:

FEIN:

Office Use Only
W-2's CKD:s _____
DATE: _____
R: \$ _____

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

Signed _____ Title _____
FEIN _____ Date _____
Phone Number: _____