

Dear Employer:

This is your **2022** 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 **2022**. We have also included the Employer Reconciliation of Income Tax Withheld for **2022**. **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 PO Box 204, Bolivar, OH 44612. If you wish to contact by telephone, our number is **(330) 874-3717**.

Sincerely,

INCOME TAX ADMINISTRATOR

**VILLAGE OF BOLIVAR EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**  AMENDED **Return with Payment**

	DOLLARS	CENTS
1. Taxable Earnings paid all Employees subject to Village of BOLIVAR 1% Income Tax. Is this a courtesy withholding? YES Is this a final return? YES 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 (.50% 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 \_\_\_\_\_  
Title/Phone \_\_\_\_\_

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

Name and Address:

**1ST QUARTER**  
**JAN. FEB. MAR.**  
DUE ON OR BEFORE  
**May 2, 2022**  
FEIN:

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

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Title/Phone \_\_\_\_\_

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Name and Address:

**2ND QUARTER**  
**APR. MAY, JUN.**  
DUE ON OR BEFORE  
**August 1, 2022**  
FEIN:

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

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Title/Phone \_\_\_\_\_

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**VILLAGE OF BOLIVAR**

Name and Address:

**3rd QUARTER**  
**JULY, AUG. SEPT.**  
DUE ON OR BEFORE  
**October 31, 2022**  
FEIN:

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

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Signed \_\_\_\_\_  
Title/Phone \_\_\_\_\_

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**VILLAGE OF BOLIVAR**

Name and Address:

**4TH QUARTER**  
**OCT, NOV. DEC.**  
DUE ON OR BEFORE  
**January 31, 2023**  
FEIN:

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

**VILLAGE OF BOLIVAR**

**ANNUAL RECONCILIATION**  
SUBMIT BY FEBRUARY 28. W-2'S & 1099's MUST BE ATTACHED

**MAIL TO: VILLAGE OF BOLIVAR**  
**PO BOX 204**  
**BOLIVAR, OH 44612**

**PHONE: (330) 874-3717**  
**FOR TAXYEAR ENDING 2022**

Name and Address:

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

**SUMMARY**  
**MUST BE COMPLETED**

- NUMBER OF EMPLOYEES \_\_\_\_\_
- WAGES SUBJECT TO BOLIVAR TAX \$ \_\_\_\_\_
- BOLIVAR TAX WITHHELD \$ \_\_\_\_\_
- BOLIVAR TAX REMITTED \$ \_\_\_\_\_
- BALANCE DUE OR REFUND \$ \_\_\_\_\_

Office Use Only

W-2's CKD:s \_\_\_\_\_

FEIN:

DATE: \_\_\_\_\_

R: \$ \_\_\_\_\_

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Signed \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_