

VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

RETURN WITH PAYMENT

	DOLLARS	CENTS
1. Taxable Earnings paid all Employees subject to Village of Bradner Income Tax.....1.		
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		
2. Actual Tax Withheld in Village of Bradner.....2.		
3. Adjustment of Tax for prior month3.		
4. Penalty (\$25.00 per month).....4.		
5. Interest (6% per month).....5.		
6. Total - (Lines 2-5).....6.		

NAME AND ADDRESS

FOR THE PERIOD ENDING
JANUARY 31, 2019

MUST BE RECEIVED BY
FEBRUARY 15, 2019

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID No. _____

THIS RETURN MUST BE RECEIVED ON OR
BEFORE THE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
BRADNER TAX DEPARTMENT

MAIL TO:
**VILLAGE OF BRADNER
INCOME TAX DEPARTMENT**
130 N. MAIN ST., P.O. BOX 599
BRADNER, OHIO 43406
TELEPHONE 419-288-2890

1

Notify the Income Tax Department promptly of any change in Ownership, Name or Address

If receipt is desired, submit additional copy and
enclosed self-addressed, stamped envelope.

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NAME AND ADDRESS

FOR THE PERIOD ENDING
FEBRUARY 28, 2019

MUST BE RECEIVED BY
MARCH 15, 2019

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID No. _____

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INCOME TAX DEPARTMENT**
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TELEPHONE 419-288-2890

2

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NAME AND ADDRESS

FOR THE PERIOD ENDING
MARCH 31, 2019

MUST BE RECEIVED BY
APRIL 15, 2019

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contained herein are true and correct.

(Signed) _____

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Federal ID No. _____

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3

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MAKE CHECK OR MONEY ORDER PAYABLE TO **BRADNER TAX DEPARTMENT**

MAIL TO:
**VILLAGE OF BRADNER
 INCOME TAX DEPARTMENT**
 130 N. MAIN ST., P.O. BOX 599
 BRADNER, OHIO 43406
 TELEPHONE 419-288-2890

4

NAME AND ADDRESS

FOR THE PERIOD ENDING
APRIL 30, 2019

MUST BE RECEIVED BY
MAY 15, 2019

Notify the Income Tax Department promptly of any change in Ownership, Name or Address

If receipt is desired, submit additional copy and enclosed self-addressed, stamped envelope.

VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

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MAIL TO:
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 INCOME TAX DEPARTMENT**
 130 N. MAIN ST., P.O. BOX 599
 BRADNER, OHIO 43406
 TELEPHONE 419-288-2890

5

NAME AND ADDRESS

FOR THE PERIOD ENDING
MAY 31, 2019

MUST BE RECEIVED BY
JUNE 15, 2019

Notify the Income Tax Department promptly of any change in Ownership, Name or Address

If receipt is desired, submit additional copy and enclosed self-addressed, stamped envelope.

VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

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MAIL TO:
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 130 N. MAIN ST., P.O. BOX 599
 BRADNER, OHIO 43406
 TELEPHONE 419-288-2890

6

NAME AND ADDRESS

FOR THE PERIOD ENDING
JUNE 30, 2019

MUST BE RECEIVED BY
JULY 15, 2019

Notify the Income Tax Department promptly of any change in Ownership, Name or Address

If receipt is desired, submit additional copy and enclosed self-addressed, stamped envelope.

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NAME AND ADDRESS

FOR THE PERIOD ENDING
JULY 31, 2019

MUST BE RECEIVED BY
AUGUST 15, 2019

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID No. _____

THIS RETURN MUST BE RECEIVED ON OR
BEFORE THE DATE SHOWN BELOW

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BRADNER TAX DEPARTMENT

MAIL TO:
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INCOME TAX DEPARTMENT**
130 N. MAIN ST., P.O. BOX 599
BRADNER, OHIO 43406
TELEPHONE 419-288-2890

7

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VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

AMENDED

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NAME AND ADDRESS

FOR THE PERIOD ENDING
AUGUST 31, 2019

MUST BE RECEIVED BY
SEPTEMBER 15, 2019

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID No. _____

THIS RETURN MUST BE RECEIVED ON OR
BEFORE THE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
BRADNER TAX DEPARTMENT

MAIL TO:
**VILLAGE OF BRADNER
INCOME TAX DEPARTMENT**
130 N. MAIN ST., P.O. BOX 599
BRADNER, OHIO 43406
TELEPHONE 419-288-2890

8

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NAME AND ADDRESS

FOR THE PERIOD ENDING
SEPTEMBER 30, 2019

MUST BE RECEIVED BY
OCTOBER 15, 2019

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID No. _____

THIS RETURN MUST BE RECEIVED ON OR
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9

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NAME AND ADDRESS

FOR THE PERIOD ENDING
OCTOBER 31, 2019

MUST BE RECEIVED BY
NOVEMBER 15, 2019

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

(Signed) _____

(Official Title) _____ Date _____

Federal ID No. _____

THIS RETURN MUST BE RECEIVED ON OR
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NAME AND ADDRESS

FOR THE PERIOD ENDING
NOVEMBER 30, 2019

MUST BE RECEIVED BY
DECEMBER 15, 2019

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Federal ID No. _____

THIS RETURN MUST BE RECEIVED ON OR
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NAME AND ADDRESS

FOR THE PERIOD ENDING
DECEMBER 31, 2019

MUST BE RECEIVED BY
JANUARY 15, 2020

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