

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 month.....3.  |         |       |
| 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, 2020

MUST BE RECEIVED BY  
FEBRUARY 15, 2020

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

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. |         |       |
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NAME AND ADDRESS

FOR THE PERIOD ENDING  
FEBRUARY 28, 2020

MUST BE RECEIVED BY  
MARCH 15, 2020

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

2

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VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD  AMENDED RETURN WITH PAYMENT

|  | DOLLARS | CENTS |
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NAME AND ADDRESS

FOR THE PERIOD ENDING  
MARCH 31, 2020

MUST BE RECEIVED BY  
APRIL 15, 2020

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

3

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 RETURN WITH PAYMENT

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| 6. Total - (Lines 2-5).....6.   |         |       |

NAME AND ADDRESS

FOR THE PERIOD ENDING  
APRIL 30, 2020

MUST BE RECEIVED BY  
MAY 15, 2020

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

4

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

VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD  AMENDED RETURN WITH PAYMENT

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NAME AND ADDRESS

FOR THE PERIOD ENDING  
MAY 31, 2020

MUST BE RECEIVED BY  
JUNE 15, 2020

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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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

5

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

VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD  AMENDED RETURN WITH PAYMENT

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NAME AND ADDRESS

FOR THE PERIOD ENDING  
JUNE 30, 2020

MUST BE RECEIVED BY  
JULY 15, 2020

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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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

6

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**

**RETURN WITH PAYMENT**

|   | DOLLARS | CENTS |
|---|---------|-------|
| 1. Taxable Earnings paid all Employees<br>subject to Village of Bradner Income Tax.....1. |         |       |
| Is this a courtesy withholding? <input type="checkbox"/> YES                              |         |       |
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| 6. Total - (Lines 2-5).....6.   |         |       |

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JULY 31, 2020**

MUST BE RECEIVED BY  
**AUGUST 15, 2020**

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**

**7**

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

**VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

**AMENDED**

**RETURN WITH PAYMENT**

|   | DOLLARS | CENTS |
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| 6. Total - (Lines 2-5).....6.   |         |       |

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**AUGUST 31, 2020**

MUST BE RECEIVED BY  
**SEPTEMBER 15, 2020**

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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MAKE CHECK OR MONEY ORDER PAYABLE TO  
**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**

**8**

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

**VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

**AMENDED**

**RETURN WITH PAYMENT**

|   | DOLLARS | CENTS |
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NAME AND ADDRESS

FOR THE PERIOD ENDING  
**SEPTEMBER 30, 2020**

MUST BE RECEIVED BY  
**OCTOBER 15, 2020**

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

**9**

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**

**RETURN WITH PAYMENT**

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NAME AND ADDRESS

FOR THE PERIOD ENDING  
OCTOBER 31, 2020

MUST BE RECEIVED BY  
NOVEMBER 15, 2020

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

**10**

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

**VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

**AMENDED**

**RETURN WITH PAYMENT**

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NAME AND ADDRESS

FOR THE PERIOD ENDING  
NOVEMBER 30, 2020

MUST BE RECEIVED BY  
DECEMBER 15, 2020

I hereby certify that the information and statements  
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(Signed) \_\_\_\_\_

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TELEPHONE 419-288-2890

**11**

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

**VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

**AMENDED**

**RETURN WITH PAYMENT**

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NAME AND ADDRESS

FOR THE PERIOD ENDING  
DECEMBER 31, 2020

MUST BE RECEIVED BY  
JANUARY 15, 2021

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(Signed) \_\_\_\_\_

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**12**

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