

VILLAGE OF BRADNER EMPLOYER'S QUARTERLY 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		
<b>If yes, attach explanation</b>		
2. Actual Tax Withheld in Village of Bradner.....2.		
3. Adjustment of Tax for prior quarter.....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  
MARCH 31, 2020

MUST BE RECEIVED BY  
APRIL 30, 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 DUE 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



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 QUARTERLY RETURN OF TAX WITHHELD

AMENDED

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
JUNE 30, 2020

MUST BE RECEIVED BY  
JULY 31, 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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MAKE CHECK OR MONEY ORDER PAYABLE TO  
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MAIL TO:  
VILLAGE OF BRADNER  
INCOME TAX DEPARTMENT  
130 N. MAIN ST., P.O. BOX 599  
BRADNER, OHIO 43406  
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AMENDED

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
SEPTEMBER 30, 2020

MUST BE RECEIVED BY  
OCTOBER 31, 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 DUE 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



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**VILLAGE OF BRADNER EMPLOYER'S QUARTERLY 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  
**DECEMBER 31, 2020**

MUST BE RECEIVED BY  
**JANUARY 31, 2021**

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 DUE 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**

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**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.**