

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
OCTOBER 31, 2024

MUST BE RECEIVED BY
NOVEMBER 15, 2024

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

10

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

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

VILLAGE OF BRADNER EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD

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NAME AND ADDRESS

FOR THE PERIOD ENDING
NOVEMBER 30, 2024

MUST BE RECEIVED BY
DECEMBER 15, 2024

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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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

11

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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
DECEMBER 31, 2024

MUST BE RECEIVED BY
JANUARY 15, 2025

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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BEFORE THE DATE SHOWN BELOW

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

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