

**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.		

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**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**OCTOBER 31, 2025**

MUST BE RECEIVED BY  
**NOVEMBER 15, 2025**

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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(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

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

**11**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**NOVEMBER 30, 2025**

MUST BE RECEIVED BY  
**DECEMBER 15, 2025**

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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(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

**12**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**DECEMBER 31, 2025**

MUST BE RECEIVED BY  
**JANUARY 15, 2026**

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.