

Dear Employer:

This is your 2017 Employer's Monthly Return of Tax Withheld package. Included are all 12 monthly forms for your convenience. The monthly forms are due as so indicated. We have also included the Employer Reconciliation of Income Tax Withheld for 2017.

If you have any questions regarding your withholding forms, please contact the Village of Gibsonburg Income Tax Department at 526 N. Webster St., Gibsonburg, OH 43431. If you wish to contact by telephone, our number is (419) 637-6004.

Sincerely,

TAX COMMISSIONER

**PLEASE NOTE:**  
**OUR ADDRESS WAS CHANGED TO:**  
**526 N. WEBSTER ST., GIBSONBURG, OH 43431**

**VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2017** ☐ AMENDED **RETURN WITH PAYMENT**

	DOLLARS	CENTS
1. Taxable Earnings paid all Employees subject to Village of Gibsonburg 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 Gibsonburg..... 2.		
3. Adjustment of Tax for prior month ..... 3.		
4. Penalty (50% per month) ..... 4.		
5. Interest (.42% per month) ..... 5.		
6. Total – (Lines 2-5) ..... 6.		

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JANUARY**

MUST BE RECEIVED BY  
**FEBRUARY 15, 2017**

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  
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**

**VILLAGE OF GIBSONBURG  
INCOME TAX DEPARTMENT**

526 N. WEBSTER STREET  
GIBSONBURG, OH 43431  
TELEPHONE (419) 637-6004

**1**

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

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

**VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2017** ☐ AMENDED **RETURN WITH PAYMENT**

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NAME AND ADDRESS

FOR THE PERIOD ENDING  
**FEBRUARY**

MUST BE RECEIVED BY  
**MARCH 15, 2017**

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

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Federal ID no. \_\_\_\_\_

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GIBSONBURG, OH 43431  
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3

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APRILMUST BE RECEIVED BY  
MAY 15, 2017I hereby certify that the information and statements  
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MAYMUST BE RECEIVED BY  
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**JUNE**MUST BE RECEIVED BY  
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TELEPHONE (419) 637-6004**6**

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**JULY**MUST BE RECEIVED BY  
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(Signed) \_\_\_\_\_

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

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TELEPHONE (419) 637-6004**7**

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**AUGUST**MUST BE RECEIVED BY  
**SEPTEMBER 15, 2017**I hereby certify that the information and statements  
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(Signed) \_\_\_\_\_

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

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**GIBSONBURG TAX DEPARTMENT****MAIL TO:****VILLAGE OF GIBSONBURG  
INCOME TAX DEPARTMENT**526 N. WEBSTER STREET  
GIBSONBURG, OH 43431  
TELEPHONE (419) 637-6004**8**

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## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2017

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SEPTEMBERMUST BE RECEIVED BY  
OCTOBER 15, 2017I hereby certify that the information and statements  
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9

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OCTOBERMUST BE RECEIVED BY  
NOVEMBER 15, 2017I hereby certify that the information and statements  
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NOVEMBERMUST BE RECEIVED BY  
DECEMBER 15, 2017I hereby certify that the information and statements  
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12

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## VILLAGE OF GIBSONBURG ANNUAL RECONCILIATION RETURN

W-2'S MUST BE ATTACHED

MAIL TO: INCOME TAX DEPARTMENT  
VILLAGE OF GIBSONBURG  
526 N. WEBSTER ST.  
GIBSONBURG, OH 43431  
PHONE: (419) 637-6004

FOR TAX YEAR ENDING 2017 DUE FEBRUARY 28, 2018

PAYMENT ENCLOSED ☐REFUND REQUESTED ☐

NAME:

FIN:

JANUARY	JULY
FEBRUARY	AUGUST
MARCH	SEPTEMBER
1ST QUARTER	3RD QUARTER
APRIL	OCTOBER
MAY	NOVEMBER
JUNE	DECEMBER
2ND QUARTER	4TH QUARTER

### ALL SECTIONS MUST BE COMPLETED

- TOTAL # GIBSONBURG  
W-2'S .....\$ \_\_\_\_\_
- GIBSONBURG  
WAGES SUBJECT TO  
WITHHOLDING TAX .....\$ \_\_\_\_\_
- AMOUNT OF GIBSONBURG  
TAX WITHHELD .....\$ \_\_\_\_\_
- AMOUNT OF RESIDENCE  
TAX WITHHELD .....\$ \_\_\_\_\_
- TOTAL GIBSONBURG  
TAX DUE .....\$ \_\_\_\_\_

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Signed \_\_\_\_\_ Title \_\_\_\_\_

Federal ID no. \_\_\_\_\_ Date \_\_\_\_\_

Phone no. \_\_\_\_\_