

Dear Employer:

This is your 2017 Employer's Quarterly Return of Tax Withheld package. Included are all four quarterly forms for your convenience. The quarterly 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 QUARTERLY 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 quarter..... 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
MARCH 31, 2017

MUST BE RECEIVED BY
APRIL 30, 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 QUARTERLY 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 quarter..... 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
JUNE 30, 2017

MUST BE RECEIVED BY
JULY 31, 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

2

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

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enclose self-addressed, stamped envelope.**

VILLAGE OF GIBSONBURG EMPLOYER'S QUARTERLY 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.			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 <u>RECEIVED</u> ON OR BEFORE THE DUE DATE SHOWN BELOW MAKE CHECK OR MONEY ORDER PAYABLE TO GIBSONBURG TAX DEPARTMENT
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 quarter..... 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
SEPTEMBER 30, 2017

MUST BE RECEIVED BY
OCTOBER 31, 2017

MAIL TO:
VILLAGE OF GIBSONBURG
INCOME TAX DEPARTMENT

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

3

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 QUARTERLY 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.			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 <u>RECEIVED</u> ON OR BEFORE THE DUE DATE SHOWN BELOW MAKE CHECK OR MONEY ORDER PAYABLE TO GIBSONBURG TAX DEPARTMENT
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 quarter..... 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
DECEMBER 31, 2017

MUST BE RECEIVED BY
JANUARY 31, 2018

MAIL TO:
VILLAGE OF GIBSONBURG
INCOME TAX DEPARTMENT

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

4

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
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:

1ST QUARTER	3RD QUARTER
2ND QUARTER	4TH QUARTER

**ALL SECTIONS
MUST BE COMPLETED**

1. TOTAL # GIBSONBURG
W-2'S\$_____
2. GIBSONBURG
WAGES SUBJECT TO
WITHHOLDING TAX\$_____
3. AMOUNT OF GIBSONBURG
TAX WITHHELD\$_____
4. AMOUNT OF RESIDENCE
TAX WITHHELD\$_____
5. TOTAL GIBSONBURG
TAX DUE\$_____

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____