## **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 | <b>ENDING</b> | 2017 |
|-----|-----|------|---------------|------|
|-----|-----|------|---------------|------|

**DUE FEBRUARY 28, 2018** 

PAYMENT ENCLOSED

REFUND REQUESTED

| NA   | ME  | 5. |
|------|-----|----|
| INMI | AIL |    |

| JANUARY     | JULY        |  |
|-------------|-------------|--|
| FEBRUARY    | AUGUST      |  |
| MARCH       | SEPTEMBER   |  |
| 1ST QUARTER | 3RD QUARTER |  |
| APRIL       | OCTOBER     |  |
| MAY         | NOVEMBER    |  |
| JUNE        | DEGEMBER    |  |
| 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 tr | ue | and | correc |
|------------------|----------|-------------|-----|------------|-----------|--------|--------|----|-----|--------|
|                  |          |             |     |            |           |        |        |    |     |        |

| Signed           | Title |  |
|------------------|-------|--|
| Federal ID no.   | Date  |  |
| Marketon and the |       |  |