

Dear Employer:

This is your 2020 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 2020.

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 2020  AMENDED RETURN WITH PAYMENT

|   | DOLLARS | CENTS |
|---|---------|-------|
| 1. Taxable Earnings paid all Employees<br>subject to Village of Gibsonburg Income Tax..... 1.<br>Is this a courtesy withholding? <input type="checkbox"/> YES<br>Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>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 (.583% 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 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

FOR THE PERIOD ENDING  
MARCH 31, 2020

MUST BE RECEIVED BY  
APRIL 30, 2020

NAME AND ADDRESS

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 2020  AMENDED RETURN WITH PAYMENT

|   | DOLLARS | CENTS |
|---|---------|-------|
| 1. Taxable Earnings paid all Employees<br>subject to Village of Gibsonburg Income Tax..... 1.<br>Is this a courtesy withholding? <input type="checkbox"/> YES<br>Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, attach explanation |         |       |
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| 4. Penalty (50% per month)..... 4.  |         |       |
| 5. Interest (.583% 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 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

FOR THE PERIOD ENDING  
JUNE 30, 2020

MUST BE RECEIVED BY  
JULY 31, 2020

NAME AND ADDRESS

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 2020**  AMENDED **RETURN WITH PAYMENT**

|   | DOLLARS | CENTS |
|---|---------|-------|
| 1. Taxable Earnings paid all Employees<br>subject to Village of Gibsonburg Income Tax..... 1.<br>Is this a courtesy withholding? <input type="checkbox"/> YES<br>Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>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 (.583% 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 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

**3**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**SEPTEMBER 30, 2020**

MUST BE RECEIVED BY  
**OCTOBER 31, 2020**

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

**VILLAGE OF GIBSONBURG EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD 2020**  AMENDED **RETURN WITH PAYMENT**

|   | DOLLARS | CENTS |
|---|---------|-------|
| 1. Taxable Earnings paid all Employees<br>subject to Village of Gibsonburg Income Tax..... 1.<br>Is this a courtesy withholding? <input type="checkbox"/> YES<br>Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, attach explanation |         |       |
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| 4. Penalty (50% per month)..... 4.  |         |       |
| 5. Interest (.583% 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 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

**4**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**DECEMBER 31, 2020**

MUST BE RECEIVED BY  
**JANUARY 31, 2021**

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

**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 2020 **DUE FEBRUARY 28, 2021**

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. \_\_\_\_\_