

**VILLAGE OF GIBSONBURG EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD**

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 (3% per month) ..... 4.  |         |       |
| 5. Interest (1½% 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**

120 N. MAIN ST.  
GIBSONBURG, OH 43431  
TELEPHONE (419) 637-6004

**1**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**MARCH 31, 2013**

MUST BE RECEIVED BY  
**APRIL 30, 2013**

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.**

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

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

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**MAIL TO:**

**VILLAGE OF GIBSONBURG  
INCOME TAX DEPARTMENT**

120 N. MAIN ST.  
GIBSONBURG, OH 43431  
TELEPHONE (419) 637-6004

**2**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JUNE 30, 2013**

MUST BE RECEIVED BY  
**JULY 31, 2013**

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.**

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

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

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

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MAKE CHECK OR MONEY ORDER PAYABLE TO  
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**

**VILLAGE OF GIBSONBURG  
INCOME TAX DEPARTMENT**

120 N. MAIN ST.

GIBSONBURG, OH 43431

TELEPHONE (419) 637-6004

**3**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**SEPTEMBER 30, 2013**

MUST BE RECEIVED BY  
**OCTOBER 31, 2013**

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.**

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

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

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**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**

**VILLAGE OF GIBSONBURG  
INCOME TAX DEPARTMENT**

120 N. MAIN ST.

GIBSONBURG, OH 43431

TELEPHONE (419) 637-6004

**4**

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**DECEMBER 31, 2013**

MUST BE RECEIVED BY  
**JANUARY 31, 2014**

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.**