

VILLAGE OF GIBSONBURG EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

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.		

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

NAME AND ADDRESS

FOR THE PERIOD ENDING
MARCH 31, 2016

MUST BE RECEIVED BY
APRIL 15, 2016

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

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**VILLAGE OF GIBSONBURG
INCOME TAX DEPARTMENT**

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

2

NAME AND ADDRESS

FOR THE PERIOD ENDING
JUNE 30, 2016

MUST BE RECEIVED BY
JULY 15, 2016

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

AMENDED

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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**

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

3

NAME AND ADDRESS

FOR THE PERIOD ENDING
SEPTEMBER 30, 2016

MUST BE RECEIVED BY
OCTOBER 15, 2016

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

AMENDED

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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**

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

4

NAME AND ADDRESS

FOR THE PERIOD ENDING
DECEMBER 31, 2016

MUST BE RECEIVED BY
JANUARY 15, 2017

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.