## Village of Gambier

## 2022 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Address:

Income Tax Department P.O. Box 1994 Gambier, Ohio 43022			or Before 04/30/2022 eriod JAN FEB MAR Tax Year 2022
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This Period	d \$
address shown below.	2.	Total Withheld This Period	\$
TAX RATE IS 1.5%	3.	Adjustments to prior returns	\$
1AA RATE IS 1.5 70	4.	Penalty and/or Interest	\$
Fed. ID #	5.	Total	\$
Name:	Ma	ake check or money order payable to: Village of Gambier	
	I hereby ce	ertify that the information and statements contained	herein are true and correct
	(signed)	)	
Address:	(Officia	ıl Title)	
			Date
Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	QUART		TAX WITHHELD or Before 07/31/2022 priod APR MAY JUN Tax Year 2022
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This Period	d \$
address shown below.	2.	Total Withheld This Period	\$
TAX RATE IS 1.5%	3.	Adjustments to prior returns	\$
1111 A(1112 15) 1.0 /0	4.	Penalty and/or Interest	\$
	5.	Total	\$
Fed. ID #	Ma	ake check or money order payable to: Village of Gambier	
Name:	I hereby ce	ertify that the information and statements contained	herein are true and correct
Name.	(signed)	)	
	(Officia	al Title)	Date
Address:			Dau
Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	QUART		TAX WITHHELD or Before 10/31/2022 eriod JUL AUG SEF Tax Year 2022
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This Period	d \$
address shown below.	2.	Total Withheld This Period	\$
TAX RATE IS 1.5%	3.	Adjustments to prior returns	\$
IMA MILL ID IN /U	4.	Penalty and/or Interest	\$
Fed. ID#	5.	Total	\$

Make check or money order payable to: Village of Gambier

I hereby certify that the information and statements contained herein are true and correct. (signed)\_\_\_\_\_

(Official Title) Date

## Village of Gambier

## 2022 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Income Tax Department P.O. Box 1994 Gambier, Ohio 43022

Due on or Before 01/31/2023

For Period OCT NOV DEC Tax Year 2022

Notify Income Tax Department promptly of any change in ownership or name and Total Compensation Paid This Period 1. address shown below. Total Withheld This Period Adjustments to prior returns 3. **TAX RATE IS 1.5%** 4. Penalty and/or Interest Fed. ID # \_\_\_\_\_ 5. Total Make check or money order payable to: Village of Gambier Name: \_\_\_\_\_ I hereby certify that the information and statements contained herein are true and correct. (signed)\_\_\_\_\_ Address: \_\_\_\_\_ (Official Title) Date **LEGIBLE COPIES OF W-2 FORMS MUST** 2022 WITHHOLDING TAX RECONCILIATION Village of Gambier **ACCOMPANY THIS FORM BY FEB 28, 2023** P.O. Box 1994 Gambier, Ohio 43022 1. Total Number of employees as represented by 3. Total Income Tax Withheld from compensation during Forms W-2 submitted herewith **2022** for: 1st Quarter ending March 31st \$ 2. Total Income Tax Withheld from compensation paid all employees \$ \_\_\_\_\_ \$ \_\_\_\_\_ 2<sup>nd</sup> Quarter ending June 30<sup>th</sup> Fed. ID#\_\_\_\_\_ 3<sup>rd</sup> Quarter ending September 30 Name: 4<sup>th</sup> Quarter ending December 31 **4.** Total Amount Withheld Address: Section 2 and 4 should be identical, explain fully any discrepancy.