Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER'S	MON	THLY RETURN OF INCOME TA Due on or E	AX WITHHELD Before 02/15/2023 For Period JAN Tax Year 2023
Notify Income Tax Department promptly of any change in	n ownership or name and	1.	Total Compensation Paid This Period	\$
address shown below.		2.	Total Withheld This Period	\$
TAX RATE IS 1.5%		3.	Adjustments to prior returns	\$
		4.	Penalty and/or Interest	\$
Fed. ID #		5.	Total	\$
Name:		Ma	te check or money order payable to: Village of Gambier	
		ereby ce	rtify that the information and statements contained her	ein are true and correct.
	(9	signed)		
Address:		Officia	l Title)	
	(	Officia		Date

Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER	'S MON	THLY RETURN OF INCOME T Due on or	AX WITHHELD Before 03/15/2023 For Period FEB Tax Year 2023
Notify Income Tax Department promptly of any change in ow	wnership or name and	1.	Total Compensation Paid This Period	\$
address shown below.		2.	Total Withheld This Period	\$
TAX RATE IS 1.5%		3.	Adjustments to prior returns	\$
		4.	Penalty and/or Interest	\$
		5.	Total	\$
Fed. ID #		Ma	ke check or money order payable to: Village of Gambier	
Name:		I hereby ce	rtify that the information and statements contained he	erein are true and correct.
		(signed)		
		(Officia	l Title)	
Address:				Date

Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER'S	MON	THLY RETURN OF INCOME TA Due on or E	AX WITHHELD Before 04/15/2023 For Period MAR Tax Year 2023
Notify Income Tax Department promptly of any change in ow	vnership or name and	1.	Total Compensation Paid This Period	\$
address shown below.		2.	Total Withheld This Period	\$
TAX RATE IS 1.5%		3.	Adjustments to prior returns	\$
		4.	Penalty and/or Interest	\$
Fed. ID #		5.	Total	\$
Name:	In		ke check or money order payable to: Village of Gambier tify that the information and statements contained her	ein are true and correct.
Address:	, , , , , , , , , , , , , , , , , , ,	0	Title)	

Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER'S	s mon'	THLY RETURN OF INCOME T Due on or	AX WITHHELD Before 05/15/2023 For Period APR Tax Year 2023
Notify Income Tax Department promptly of any change in o	ownership or name and	6.	Total Compensation Paid This Period	\$
address shown below.		7.	Total Withheld This Period	\$
TAX RATE IS 1.5%		8.	Adjustments to prior returns	\$
		9.	Penalty and/or Interest	\$
Fed. ID #		10.	Total	\$
Name:		Ма	ke check or money order payable to: Village of Gambier	
		I hereby cer	tify that the information and statements contained he	rein are true and correct.
		(signed)		
Address:			Title)	
				Date

Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER'S	MON.	THLY RETURN OF INCOME TA Due on or I	AX WITHHELD Before 06/15/2023 For Period MAY Tax Year 2023
Notify Income Tax Department promptly of any change in or	wnership or name and	6.	Total Compensation Paid This Period	\$
address shown below.		7.	Total Withheld This Period	\$
TAX RATE IS 1.5%		8.	Adjustments to prior returns	\$
		9.	Penalty and/or Interest	\$
		10.	Total	\$
Fed. ID #		Ma	ke check or money order payable to: Village of Gambier	
Name:		ereby cer	tify that the information and statements contained he	rein are true and correct.
		signed)_		
Address:	(1	Official	Title)	Date

Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER'S M	ON'	THLY RETURN OF INCOME T Due on or	AX WITHHELD Before 07/15/2023 For Period JUNE Tax Year 2023
Notify Income Tax Department promptly of any change in ov	vnership or name and	6.	Total Compensation Paid This Period	\$
address shown below.		7.	Total Withheld This Period	\$
TAX RATE IS 1.5%		8.	Adjustments to prior returns	\$
		9.	Penalty and/or Interest	\$
Fed. ID #		10.	Total	\$
Name:	I here	eby cer	ke check or money order payable to: Village of Gambier tify that the information and statements contained he	
	(sig	ned)_		
Address:		fficial	Title)	

Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER'S MON	THLY RETURN OF INCOME TA Due on or	AX WITHHELD Before 08/15/2023 For Period JUL Tax Year 2023
Notify Income Tax Department promptly of any change in o	wnership or name and 11.	Total Compensation Paid This Period	\$
address shown below.	12.	Total Withheld This Period	\$
TAX RATE IS 1.5%	13.	Adjustments to prior returns	\$
	14.	Penalty and/or Interest	\$
Fed. ID #	15.	Total	\$
Name:	Ma	ke check or money order payable to: Village of Gambier	
		rtify that the information and statements contained he	rein are true and correct.
	(signed)		
Address:	(Officia	l Title)	
	(0		Date

Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER'S MON	THLY RETURN OF INCOME T Due on or	AX WITHHELD Before 09/15/2023 For Period AUG Tax Year 2023
Notify Income Tax Department promptly of any change in ov	vnership or name and 11.	Total Compensation Paid This Period	\$
address shown below.	12.	Total Withheld This Period	\$
TAX RATE IS 1.5%	13.	Adjustments to prior returns	\$
	14.	Penalty and/or Interest	\$
	15.	Total	\$
Fed. ID #	Ma	ke check or money order payable to: Village of Gambier	
Name:	I hereby ce	rtify that the information and statements contained he	erein are true and correct.
	(signed)		
Address:	(Official	Title)	Date

Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER'S MON	THLY RETURN OF INCOME TA Due on or P	AX WITHHELD Before 10/15/2023 For Period SEPT Tax Year 2023
Notify Income Tax Department promptly of any change in or	wnership or name and 11.	Total Compensation Paid This Period	\$
address shown below.	12.	Total Withheld This Period	\$
TAX RATE IS 1.5%	13.	Adjustments to prior returns	\$
	14.	Penalty and/or Interest	\$
Fed. ID #	15.	Total	\$
Name:		ke check or money order payable to: Village of Gambier rtify that the information and statements contained her	ein are true and correct.
	(signed)		
Address:	(Official	Title)	Data

2023 EMPLOYER'S MON		AX WITHHELD Before 11/15/2023 For Period OCT Tax Year 2023
ownership or name and 16	. Total Compensation Paid This Period	\$
17	. Total Withheld This Period	\$
18	Adjustments to prior returns	\$
19	Penalty and/or Interest	\$
20	. Total	\$
	ake check or money order payable to: Village of Gambier	
	ertify that the information and statements contained h	erein are true and correct.
	)	
(Offici	al Title)	Date
	ownership or name and 16 17 18 19 20 20 Ma 20 1 hereby co (signed	ownership or name and 16. Total Compensation Paid This Period   17. Total Withheld This Period   18. Adjustments to prior returns   19. Penalty and/or Interest   20. Total   Make check or money order payable   to: Village of Gambier   I hereby certify that the information and statements contained h   (signed)

Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER'S MO	N	THLY RETURN OF INCOME T. Due on or E	AX WITHHELD efore 12/15/2023 For Period NOV Tax Year 2023
Notify Income Tax Department promptly of any change in ow	vnership or name and 16	6.	Total Compensation Paid This Period	\$
address shown below.	17	7.	Total Withheld This Period	\$
TAX RATE IS 1.5%	18	8.	Adjustments to prior returns	\$
	19	9.	Penalty and/or Interest	\$
	20	0.	Total	\$
Fed. ID #	N	/lał	ke check or money order payable to: Village of Gambier	
Name:	I hereby	cer	tify that the information and statements contained he	rein are true and correct.
	(signed	d)_		
Address:	(Offic	ial	Title)	Date

Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	2023 EMPLOYER'S MON	THLY RETURN OF INCOME TA Due on or P	AX WITHHELD Before 01/15/2024 For Period DEC Tax Year 2023
Notify Income Tax Department promptly of any change in o	wnership or name and 16.	Total Compensation Paid This Period	\$
address shown below.	17.	Total Withheld This Period	\$
TAX RATE IS 1.5%	18.	Adjustments to prior returns	\$
	19.	Penalty and/or Interest	\$
Fed. ID #	20.	Total	\$
Name:		ke check or money order payable to: Village of Gambier rtify that the information and statements contained her	rein are true and correct.
	(signed)		
Address:	(Official	Title)	Data

## 2023 WITHHOLDING TAX RECONCILIATION

Village of Gambier Income Tax Dept P.O. Box 1994 Gambier OH 43022

1. Total Number of employees as represented by Forms W-2 submitted herewith \_\_\_\_\_

**2.** Total Income Tax Withheld from compensation paid all employees \$\_\_\_\_\_

Fed. ID # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEBRUARY 29th 2024

**3.** Total Income Tax Withheld from compensation during 2023 for:

Jan.	\$ Jul.	\$
Feb.	\$ Aug.	\$
Mar.	\$ Sep. Oct.	\$
Apr.	\$ Oct.	\$
May.	\$ Nov.	\$
Jun.	\$ Dec.	\$

4. Total Amount Withheld

Parts 2 and 4 should be identical, explain fully any discrepancy.