

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

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 02/15/2024

For Period JAN
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

1. Total Compensation Paid This Period \$ _____
2. Total Withheld This Period \$ _____
3. Adjustments to prior returns \$ _____
4. Penalty and/or Interest \$ _____
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
Income Tax Department
P.O. Box 1994
Gambier, Ohio 43022

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 03/15/2024

For Period FEB
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

1. Total Compensation Paid This Period \$ _____
2. Total Withheld This Period \$ _____
3. Adjustments to prior returns \$ _____
4. Penalty and/or Interest \$ _____
5. Total \$ _____

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Gambier, Ohio 43022

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 04/15/2024

For Period MAR
Tax Year 204

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

1. Total Compensation Paid This Period \$ _____
2. Total Withheld This Period \$ _____
3. Adjustments to prior returns \$ _____
4. Penalty and/or Interest \$ _____
5. Total \$ _____

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Gambier, Ohio 43022

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 05/15/2024
For Period APR
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

6. Total Compensation Paid This Period \$ _____
7. Total Withheld This Period \$ _____
8. Adjustments to prior returns \$ _____
9. Penalty and/or Interest \$ _____
10. Total \$ _____

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Gambier, Ohio 43022

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 06/15/2024
For Period MAY
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

6. Total Compensation Paid This Period \$ _____
7. Total Withheld This Period \$ _____
8. Adjustments to prior returns \$ _____
9. Penalty and/or Interest \$ _____
10. Total \$ _____

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Income Tax Department
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Gambier, Ohio 43022

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 07/15/2024
For Period JUNE
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

6. Total Compensation Paid This Period \$ _____
7. Total Withheld This Period \$ _____
8. Adjustments to prior returns \$ _____
9. Penalty and/or Interest \$ _____
10. Total \$ _____

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Gambier, Ohio 43022

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 08/15/2024
For Period JUL
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

- | | |
|---|----------|
| 11. Total Compensation Paid This Period | \$ _____ |
| 12. Total Withheld This Period | \$ _____ |
| 13. Adjustments to prior returns | \$ _____ |
| 14. Penalty and/or Interest | \$ _____ |
| 15. Total | \$ _____ |

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(Official Title) _____

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Village of Gambier
Income Tax Department
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Gambier, Ohio 43022

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 09/15/2024
For Period AUG
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

- | | |
|---|----------|
| 11. Total Compensation Paid This Period | \$ _____ |
| 12. Total Withheld This Period | \$ _____ |
| 13. Adjustments to prior returns | \$ _____ |
| 14. Penalty and/or Interest | \$ _____ |
| 15. Total | \$ _____ |

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(Official Title) _____

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

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 10/15/2024
For Period SEPT
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

- | | |
|---|----------|
| 11. Total Compensation Paid This Period | \$ _____ |
| 12. Total Withheld This Period | \$ _____ |
| 13. Adjustments to prior returns | \$ _____ |
| 14. Penalty and/or Interest | \$ _____ |
| 15. Total | \$ _____ |

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Village of Gambier
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Gambier, Ohio 43022

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 11/15/2024
For Period OCT
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

16. Total Compensation Paid This Period \$ _____

17. Total Withheld This Period \$ _____

18. Adjustments to prior returns \$ _____

19. Penalty and/or Interest \$ _____

20. Total \$ _____

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(Official Title) _____

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Gambier, Ohio 43022

2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 12/15/2024
For Period NOV
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

16. Total Compensation Paid This Period \$ _____

17. Total Withheld This Period \$ _____

18. Adjustments to prior returns \$ _____

19. Penalty and/or Interest \$ _____

20. Total \$ _____

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2024 EMPLOYER'S MONTHLY RETURN OF INCOME TAX WITHHELD

Due on or Before 01/15/2025
For Period DEC
Tax Year 2024

Notify Income Tax Department promptly of any change in ownership or name and address shown below.

TAX RATE IS 1.5%

Fed. ID # _____

Name: _____

Address: _____

16. Total Compensation Paid This Period \$ _____

17. Total Withheld This Period \$ _____

18. Adjustments to prior returns \$ _____

19. Penalty and/or Interest \$ _____

20. Total \$ _____

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(Official Title) _____

Date

2024 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 28th 2025

3. Total Income Tax Withheld from compensation during
2024 for:

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

4. Total Amount Withheld _____

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