| Income Tax Department P.O. Box 1994 | 024 EMPLOYER | 'S MON | THLY RETURN OF INCOME TA Due on or | AX WITHHELD Before 02/15/2024 For Period JAN |
|--|--------------------|-------------|---|---|
| Gambier, Ohio 43022 | | | | Tax Year 2024 |
| Notify Income Tax Department promptly of any change in owne | ership 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 | |
| | | I hereby ce | rtify that the information and statements contained he | rein are true and correct. |
| | | (signed) | | |
| Address: | | | l Title) | |
| | | (Officia | | Date |
| Village of Gambier 20 Income Tax Department P.O. Box 1994 Gambier, Ohio 43022 | 024 EMPLOYER | 'S MON | THLY RETURN OF INCOME TA | AX WITHHELD Before 03/15/2024 For Period FEB Tax Year 2024 |
| Notify Income Tax Department promptly of any change in owne | rship or name and | 1. | Total Compensation Paid This Period | \$ |
| address shown below. | | 2. | Total Withheld This Period | \$ |
| | | 3. | Adjustments to prior returns | \$ |
| TAX RATE IS 1.5% | | 4. | Penalty and/or Interest | \$ |
| | | 5. | Total | \$ |
| Fed. ID # | | - | to: Village of Gambier | Φ |
| Name: | _ | I hereby ce | rtify that the information and statements contained he | rein are true and correct. |
| | | (signed) | | |
| | | (Officia | l Title) | |
| Address: | | | | Date |
| Village of Gambier 20 Income Tax Department P.O. Box 1994 Gambier, Ohio 43022 | 024 EMPLOYER | 'S MON | THLY RETURN OF INCOME TA | AX WITHHELD Before 04/15/2024 For Period MAR Tax Year 204 |
| Notify Income Tax Department promptly of any change in owne | ership 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 | \$ |
| 1AA KATE 15 1.5 /0 | | 4. | Penalty and/or Interest | \$ |
| Fed. ID # | | 5. | Total | \$ |
| | | Ma | ike check or money order payable to: Village of Gambier | |
| Name: | | I hereby ce | rtify that the information and statements contained he | rein are true and correct. |
| | | (signed) | | |
| Address: | | | | |
| Address: | | (Officia | l Title) | Date |

| Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022 | 2024 EMPLOYER | 'S MON | THLY RETURN OF INCOME T Due on or | AX WITHHELD Before 05/15/2024 For Period APR Tax Year 2024 |
|---|---------------------|-------------|---|--|
| Notify Income Tax Department promptly of any change in ow | nership or name and | 6. | Total Compensation Paid This Period | \$ |
| address shown below. | | 0. 7. | Total Withheld This Period | \$ |
| | | 8. | Adjustments to prior returns | \$ \$ |
| TAX RATE IS 1.5% | | 0. 9. | Penalty and/or Interest | \$ |
| Fed. ID # | | - | Total | \$ \$ |
| 1 cd. 1D // | | | ke check or money order payable | Φ |
| Name: | | | to: Village of Gambier | |
| | | | rtify that the information and statements contained he | |
| Address: | | (signed) | | |
| | | (Official | l Title) | Date |
| Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022 | 2024 EMPLOYER | 'S MON | THLY RETURN OF INCOME T Due on or | AX WITHHELD Before 06/15/2024 For Period MAY Tax Year 2024 |
| Notify Income Tax Department promptly of any change in ow | nership or name and | 6. | Total Compensation Paid This Period | \$ |
| address shown below. | | 7. | Total Withheld This Period | \$ |
| | | 8. | Adjustments to prior returns | \$ |
| TAX RATE IS 1.5% | | 9. | Penalty and/or Interest | \$ \$ |
| | | 3. 10. | | \$ |
| Fed. ID # | | - | ke check or money order payable to: Village of Gambier | Ψ |
| Name: | | I hereby ce | rtify that the information and statements contained h | erein are true and correct. |
| | | (signed) | | |
| | | (065-1-1 | 1 (12) | |
| Address: | | (Official | l Title) | Date |
| | | | | |
| | | | | |
| Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022 | 2024 EMPLOYER | 'S MON | THLY RETURN OF INCOME T Due on or | AX WITHHELD Before 07/15/2024 For Period JUNE Tax Year 2024 |
| Notify Income Tax Department promptly of any change in ow | nership 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 | \$ |
| | | Ма | ke check or money order payable to: Village of Gambier | |
| Name: | | I hereby ce | rtify that the information and statements contained h | erein are true and correct. |
| | | (signed) | | |
| Address: | | (Official | l Title) | |
| | | Conteid | | Date |

| Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022 | 2024 EMPLOYER | 'S MON | THLY RETURN OF INCOME TA | AX WITHHELD Before 08/15/2024 For Period JUL Tax Year 2024 |
|---|----------------------|-------------|---|---|
| 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 | \$ |
| | | | Adjustments to prior returns | \$ |
| TAX RATE IS 1.5% | | 13. | | \$ \$ |
| Fed. ID # | | | Total | \$ \$ |
| red. ID # | | - | | Φ |
| Name: | | Ivia | ke check or money order payable to: Village of Gambier | |
| | | I hereby ce | rtify that the information and statements contained he | rein are true and correct. |
| A 11 | | (signed) | | |
| Address: | | (Official | Title) | |
| | | | | Date |
| Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022 | 2024 EMPLOYER | 'S MON | THLY RETURN OF INCOME T Due on or | AX WITHHELD Before 09/15/2024 For Period AUG Tax Year 2024 |
| 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 | \$ |
| | | 13. | | \$ |
| TAX RATE IS 1.5% | | 14. | | \$ |
| | | | 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 | rein are true and correct. |
| | | (signed) | | |
| | | (Official | Title) | |
| Address: | | (Official | | Date |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Village of Gambier Income Tax Department P.O. Box 1994 | 2024 EMPLOYER | 'S MON | THLY RETURN OF INCOME TA | AX WITHHELD Before 10/15/2024 For Period SEPT |
| Gambier, Ohio 43022 | | | | Tax Year 2024 |
| Notify Income Tax Department promptly of any change in ov address shown below. | 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 | \$ |
| Fed. ID # | | 15. | Total | \$ |
| Nama | | Ма | ke check or money order payable to: Village of Gambier | |
| Name: | | I hereby ce | rtify that the information and statements contained he | rein are true and correct. |
| | | (signed) | | |
| Address: | | (Official | Title) | |
| | | Conteid | | Date |

| Village of Gambier 2 Income Tax Department P.O. Box 1994 | 024 EMPLOYER | 'S MON | THLY RETURN OF INCOME TA | AX WITHHELD Before 11/15/2024 For Period OCT |
|---|--------------------|-------------|---|---|
| Gambier, Ohio 43022 | | | | Tax Year 2024 |
| Notify Income Tax Department promptly of any change in owner | ership 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: | | Ма | ke check or money order payable to: Village of Gambier | |
| | | I hereby ce | rtify that the information and statements contained he | rein are true and correct. |
| | | (signed) | | |
| Address: | | - | | |
| | | (Official | l Title) | Date |
| | | | | |
| Village of Gambier 2 Income Tax Department P.O. Box 1994 Gambier, Ohio 43022 | 024 EMPLOYER | 'S MON | THLY RETURN OF INCOME TA | AX WITHHELD Before 12/15/2024 For Period NOV Tax Year 2024 |
| Notify Income Tax Department promptly of any change in owner | ership or name and | 16. | Total Compensation Paid This Period | \$ |
| address shown below. | | 17. | | \$ |
| | | 18. | | \$ |
| TAX RATE IS 1.5% | | 10. | | \$ |
| | | - | | |
| | | | Total | \$ |
| Fed. ID # | | Ма | ke check or money order payable to: Village of Gambier | |
| N | | l hereby ce | rtify that the information and statements contained he | rein are true and correct. |
| Name: | _ | | | |
| | | (signed) | | |
| | | (Official | l Title) | |
| Address: | | | | Date |
| Village of Gambier 2 | 024 EMPLOYER | 'S MON | THLY RETURN OF INCOME T | |
| P.O. Box 1994 Gambier, Ohio 43022 | | | Due on or | Before 01/15/2025 For Period DEC Tax Year 2024 |
| Notify Income Tax Department promptly of any change in owner | ership 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 | \$ |
| 1AA KATE 15 1.5 /0 | | 19. | Penalty and/or Interest | \$ |
| Fed. ID # | | | Total | \$ |
| | | | ke check or money order payable | - |
| Name: | | | to: Village of Gambier | |
| - ···································· | | I hereby ce | rtify that the information and statements contained he | rein are true and correct. |
| | | (signed) | | |
| Address. | | - | | |
| Address: | | (Official | l Title) | Date |
| | | | | Dale |

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. Oct. | \$ |
| Apr. | \$ Oct. | \$ |
| May. | \$ Nov. | \$ |
| Jun. | \$ Dec. | \$ |

4. Total Amount Withheld

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