2024 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

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

Due on or Before 04/30/2024 For Period JAN FEB MAR

Date

Cambier, Cline 16622			Tax Year 2024	
Notify Income Tax Department promptly of any change in ownership or name and address shown below.	1.	Total Compensation Paid This Period		
addless 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:		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)			
Address:	(Officia	l Title)	Date	
Village of Gambier Income Tax Department P.O. Box 1994 Gambier, Ohio 43022	QUART		TAX WITHHELD or Before 07/31/2024 eriod APR MAY JUN Tax Year 2024	
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This Perio	od \$	
address shown below.	2.	Total Withheld This Period	\$	
TAX RATE IS 1.5%	3.	Adjustments to prior returns	\$	
1AA KATE 15 1.5 70	4.	Penalty and/or Interest	\$	
	5.	Total	\$	
Fed. ID #	Ma	ake 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)		
	(Officia	l Title)		
Address:	(0111111		Date	
Village of Gambier 2024 EMPLOYER'S Income Tax Department P.O. Box 1994 Gambier. Ohio 43022	QUART		TAX WITHHELD on or Before 10/31/20 or Period JUL AUG S Tax Year 2024	
Notify Income Tax Department promptly of any change in ownership or name and	1.	Total Compensation Paid This Perio		
address shown below.	2.	Total Withheld This Period	\$	
TO A ST. D. A. FOO. 10. 1. E.O./	3.	Adjustments to prior returns	\$	
TAX RATE IS 1.5%	3. 4.	Penalty and/or Interest	\$ \$	
Fed. ID #	5.	Total	\$	
	_	ake check or money order payable to: Village of Gambier	Ψ	
Name:	I hereby ce	ertify that the information and statements contained	herein are true and correct	
	,	•		
A didaggar	(signed)			
Address:	(Officia	l Title)		

Village of Gambier

2024 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Income Tax Department

Due on or Before 01/31/2025

Date

P.O. Box 1994 Gambier, Ohio 43022			od OCT NOV DEC Tax Year 2024
Notify Income Tax Department promptly of any change in ownership or name and address shown below.	1.	Total Compensation Paid This Period	\$
	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	ake check or money order payable to: Village of Gambier	
	I hereby certify that the information and statements contained herein are true and correct.		

2024 WITHHOLDING TAX RECONCILIATION

Address: _____

Village of Gambier P.O. Box 1994

Gambier, Ohio 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:
- 3. Total Income Tax Withheld from compensation during **2024** for:

LEGIBLE COPIES OF W-2 FORMS MUST

ACCOMPANY THIS FORM BY FEB 28, 2025

(signed)_____

(Official Title)

1st Quarter ending March 31st	\$
2 nd Quarter ending June 30 th	\$
3 rd Quarter ending September 30 th	\$
4 th Quarter ending December 31 st	\$
4. Total Amount Withheld	

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