

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

2024 EMPLOYER'S QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 04/30/2024
For Period JAN FEB MAR
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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 07/31/2024
For Period APR MAY JUN
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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 10/31/2024
For Period JUL AUG SEP
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 QUARTERLY RETURN OF INCOME TAX WITHHELD

Due on or Before 01/31/2025
For Period OCT NOV 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: _____

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

2024 WITHHOLDING TAX RECONCILIATION

Village of Gambier
P.O. Box 1994
Gambier, Ohio 43022

LEGIBLE COPIES OF W-2 FORMS MUST ACCOMPANY THIS FORM BY FEB 28, 2025

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:

1st Quarter ending March 31st \$ _____

2nd Quarter ending June 30th \$ _____

3rd Quarter ending September 30th \$ _____

4th Quarter ending December 31st \$ _____

4. Total Amount Withheld _____

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