

**VILLAGE OF GAMBIER
EMPLOYER'S RECONCILIATION OF TAX
WITHHELD**

Business Name _____

FOR TAX YEAR 20 _____

Address _____

**DUE ON OR BEFORE THE
FOLLOWING YEAR OF TAX YEAR:
FEBRUARY 28, 20** _____
(February 29th during a leap year)

FID# _____

Total Number of Taxable Employees _____

Total Salaries, Wages, Commissions, and Other Compensation paid \$ _____

Less Non-Taxable Items \$ _____
(Compensation Paid Non- Residents for service outside Gambier)

TOTAL TAXABLE EARNINGS FOR VILLAGE OF GAMBIER \$ _____

Actual Tax Withheld

Jan \$ _____ Feb \$ _____ Mar \$ _____ 1st Quarter total \$ _____

Apr \$ _____ May \$ _____ June \$ _____ 2nd Quarter total \$ _____

July \$ _____ Aug \$ _____ Sept \$ _____ 3rd Quarter total \$ _____

Oct \$ _____ Nov \$ _____ Dec \$ _____ 4th Quarter total \$ _____

Total Tax Withheld for Gambier \$ _____

Village of Gambier Tax Remitted \$ _____

Difference - Tax Withheld & Remitted should be Identical \$ _____

If difference, fully explain on reverse side

COPIES OF W-2 FORMS MUST BE SUBMITTED WITH THIS FORM.

Information required to be submitted with this report is:

- 1.) Name and Address of employee,
- 2.) Social Security Number,
- 3.) Gross earnings paid before any deductions or reductions,
- 4.) Amount of Gambier Village Tax Withheld.

*Reproduced copies of Federal Forms W-2, typed or handwritten lists or electronic reproductions
(alphabetically) bearing the same information will be accepted.*

MAKE REMITTANCE PAYABLE TO:

VILLAGE OF GAMBIER
Division of Income Tax
P.O. Box 1994
Gambier, OH 43022

Notify Division of Income Tax promptly of any change in Name or Address.