**Dear Employer:**

**This is your 2021 Employer's Monthly Return of Tax Withheld package. Included are all 12 monthly forms for your convenience. The monthly forms are due as so indicated. We have also included the Employer Reconciliation of Income Tax Withheld for 2021.**

**If you have any questions regarding your withholding forms, please contact the Village of Gibsonburg Income Tax Department at 526 N. Webster St., Gibsonburg, OH 43431. If you wish to contact by telephone, our number is (419) 637-6004.**

**Sincerely,**

**TAX COMMISSIONER**

**PLEASE NOTE:**
**OUR ADDRESS WAS CHANGED TO:**
**526 N. WEBSTER ST., GIBSONBURG, OH 43431**

Print Reset

## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

| | DOLLARS | CENTS |
|---|---|---|
| 1. Taxable Earnings paid all Employees subject to Village of Gibsonburg Income Tax. ... 1. | | |
| Is this a courtesy withholding? ☐ YES | | |
| Is this a final return? ☐ YES ☐ NO | | |
| If yes, attach explanation | | |
| 2. Actual Tax Withheld in Village of Gibsonburg ... 2. | | |
| 3. Adjustment of Tax for prior month ... 3. | | |
| 4. Penalty (50% per month) ... 4. | | |
| 5. Interest (.583% per month) ... 5. | | |
| 6. Total – (Lines 2-5) ... 6. | | |

NAME AND ADDRESS

FOR THE PERIOD ENDING
**JANUARY**

MUST BE RECEIVED BY
**FEBRUARY 15, 2021**

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004

**1**

**If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.**

**Notify the Income Tax Department promptly of any change in Ownership, Name or Address.**


## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

| | DOLLARS | CENTS |
|---|---|---|
| 1. Taxable Earnings paid all Employees subject to Village of Gibsonburg Income Tax. ... 1. | | |
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| 3. Adjustment of Tax for prior month ... 3. | | |
| 4. Penalty (50% per month) ... 4. | | |
| 5. Interest (.583% per month) ... 5. | | |
| 6. Total – (Lines 2-5) ... 6. | | |

NAME AND ADDRESS

FOR THE PERIOD ENDING
**FEBRUARY**

MUST BE RECEIVED BY
**MARCH 15, 2021**

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004

**2**

**If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.**

**Notify the Income Tax Department promptly of any change in Ownership, Name or Address.**

## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

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| 3. Adjustment of Tax for prior month | 3. | |
| 4. Penalty (50% per month) | 4. | |
| 5. Interest (.583% per month) | 5. | |
| 6. Total – (Lines 2-5) | 6. | |

NAME AND ADDRESS

FOR THE PERIOD ENDING
**MARCH**

MUST BE RECEIVED BY
**APRIL 15, 2021**

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004

**3**

**If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.**

**Notify the Income Tax Department promptly of any change in Ownership, Name or Address.**


## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

| | DOLLARS | CENTS |
|---|---|---|
| 1. Taxable Earnings paid all Employees subject to Village of Gibsonburg Income Tax. | 1. | |
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| 3. Adjustment of Tax for prior month | 3. | |
| 4. Penalty (50% per month) | 4. | |
| 5. Interest (.583% per month) | 5. | |
| 6. Total – (Lines 2-5) | 6. | |

NAME AND ADDRESS


FOR THE PERIOD ENDING
**APRIL**

MUST BE RECEIVED BY
**MAY 15, 2021**


I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004


**4**


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## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

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| 3. Adjustment of Tax for prior month | 3. | |
| 4. Penalty (50% per month) | 4. | |
| 5. Interest (.583% per month) | 5. | |
| 6. Total – (Lines 2-5) | 6. | |

NAME AND ADDRESS


FOR THE PERIOD ENDING
**MAY**

MUST BE RECEIVED BY
**JUNE 15, 2021**


I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004


**5**


**If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.**

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## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

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|---|---|---|
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| 3. Adjustment of Tax for prior month ..... 3. | | |
| 4. Penalty (50% per month) ..... 4. | | |
| 5. Interest (.583% per month) ..... 5. | | |
| 6. Total – (Lines 2-5) ..... 6. | | |

NAME AND ADDRESS

FOR THE PERIOD ENDING
**JUNE**

MUST BE RECEIVED BY
**JULY 15, 2021**

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004

**6**

**If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.**

**Notify the Income Tax Department promptly of any change in Ownership, Name or Address.**


## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

| | DOLLARS | CENTS |
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| 1. Taxable Earnings paid all Employees subject to Village of Gibsonburg Income Tax. ..... 1. | | |
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| 3. Adjustment of Tax for prior month ..... 3. | | |
| 4. Penalty (50% per month) ..... 4. | | |
| 5. Interest (.583% per month) ..... 5. | | |
| 6. Total – (Lines 2-5) ..... 6. | | |

NAME AND ADDRESS


FOR THE PERIOD ENDING
**JULY**

MUST BE RECEIVED BY
**AUGUST 15, 2021**


I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004


**7**


**If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.**

**Notify the Income Tax Department promptly of any change in Ownership, Name or Address.**

## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

| | DOLLARS | CENTS |
|---|---|---|
| 1. Taxable Earnings paid all Employees subject to Village of Gibsonburg Income Tax. ..... 1. | | |
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| 3. Adjustment of Tax for prior month ..... 3. | | |
| 4. Penalty (50% per month) ..... 4. | | |
| 5. Interest (.583% per month) ..... 5. | | |
| 6. Total – (Lines 2-5) ..... 6. | | |

NAME AND ADDRESS


FOR THE PERIOD ENDING
**AUGUST**

MUST BE RECEIVED BY
**SEPTEMBER 15, 2021**


I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004


**8**


**If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.**

**Notify the Income Tax Department promptly of any change in Ownership, Name or Address.**

## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

| | DOLLARS | CENTS |
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| 1. Taxable Earnings paid all Employees subject to Village of Gibsonburg Income Tax. ..... 1. | | |
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| 3. Adjustment of Tax for prior month ..... 3. | | |
| 4. Penalty (50% per month) ..... 4. | | |
| 5. Interest (.583% per month) ..... 5. | | |
| 6. Total – (Lines 2-5) ..... 6. | | |

NAME AND ADDRESS

FOR THE PERIOD ENDING
**SEPTEMBER**

MUST BE RECEIVED BY
**OCTOBER 15, 2021**

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004

**9**

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## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

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| 6. Total – (Lines 2-5) ..... 6. | | |

NAME AND ADDRESS


FOR THE PERIOD ENDING
**OCTOBER**

MUST BE RECEIVED BY
**NOVEMBER 15, 2021**


I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004


**10**


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**Notify the Income Tax Department promptly of any change in Ownership, Name or Address.**

## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

| | DOLLARS | CENTS |
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| 4. Penalty (50% per month) ..... 4. | | |
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| 6. Total – (Lines 2-5) ..... 6. | | |

NAME AND ADDRESS


FOR THE PERIOD ENDING
**NOVEMBER**

MUST BE RECEIVED BY
**DECEMBER 15, 2021**


I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004


**11**


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**Notify the Income Tax Department promptly of any change in Ownership, Name or Address.**

## VILLAGE OF GIBSONBURG EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD 2021

☐ AMENDED **RETURN WITH PAYMENT**

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I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW

MAKE CHECK OR MONEY ORDER PAYABLE TO
**GIBSONBURG TAX DEPARTMENT**

NAME AND ADDRESS

FOR THE PERIOD ENDING
**DECEMBER**

MUST BE RECEIVED BY
**JANUARY 15, 2022**

**MAIL TO:**
**VILLAGE OF GIBSONBURG**
**INCOME TAX DEPARTMENT**
526 N. WEBSTER STREET
GIBSONBURG, OH 43431
TELEPHONE (419) 637-6004

**12**

**Notify the Income Tax Department promptly of any change in Ownership, Name or Address.**

**If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.**

---

## VILLAGE OF GIBSONBURG
## ANNUAL RECONCILIATION RETURN

**W-2'S MUST BE ATTACHED**

**MAIL TO:** **INCOME TAX DEPARTMENT**
**VILLAGE OF GIBSONBURG**
**526 N. WEBSTER ST.**
**GIBSONBURG, OH 43431**
**PHONE: (419) 637-6004**

**FOR TAX YEAR ENDING 2021** **DUE FEBRUARY 28, 2022**

**PAYMENT ENCLOSED** ☐

**REFUND REQUESTED** ☐

NAME: FIN:

| | |
|---|---|
| JANUARY | JULY |
| FEBRUARY | AUGUST |
| MARCH | SEPTEMBER |
| 1ST QUARTER | 3RD QUARTER |
| APRIL | OCTOBER |
| MAY | NOVEMBER |
| JUNE | DECEMBER |
| 2ND QUARTER | 4TH QUARTER |

**ALL SECTIONS MUST BE COMPLETED**

1. TOTAL # GIBSONBURG W-2'S ..... _____
2. GIBSONBURG WAGES SUBJECT TO WITHHOLDING TAX .....$ _____
3. AMOUNT OF GIBSONBURG TAX WITHHELD .....$ _____
4. AMOUNT OF RESIDENCE TAX WITHHELD .....$ _____
5. TOTAL GIBSONBURG TAX DUE .....$ _____

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____