

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

- 1. Total Number of Taxable Employees \_\_\_\_\_
- 2. Total Salaries, Wages, Commissions, and Other Compensation paid \_\_\_\_\_
- 3. Less Non-Taxable Items (Compensation Paid Non-Residents for service outside Gambier) \_\_\_\_\_

**TOTAL TAXABLE EARNINGS** \_\_\_\_\_

- 5. Actual Tax Withheld
  - 1st Quarter \_\_\_\_\_
  - 2nd Quarter \_\_\_\_\_
  - 3rd Quarter \_\_\_\_\_
  - 4th Quarter \_\_\_\_\_
  - Total \_\_\_\_\_
- 6. Interest \_\_\_\_\_
- 7. Penalty \_\_\_\_\_
- 8. Total Amount Due \_\_\_\_\_
- 9. Total Amount Paid Village \_\_\_\_\_
- 10. Difference - Items 8 and 9 should be Identical.  
If difference, show amount and 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 hand written lists or electronic reproductions ( alphabetically) bearing the same information will be accepted.

**FOR TAX YEAR 20\_\_\_\_\_**  
**DUE ON OR BEFORE FEBRUARY 28, 20\_\_\_\_\_**

**MAKE REMITTANCE PAYABLE TO & SEND TO:**

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

\_\_\_\_\_  
**If FID # is missing, please fill in**

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