

VILLAGE OF WAYNE EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

AMENDED

RETURN WITH PAYMENT

	DOLLARS	CENTS
1. Taxable Earnings paid all Employees subject to Village of Wayne Income Tax..... 1. Is this a courtesy withholding? <input type="checkbox"/> YES Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation		
2. Actual Tax Withheld in Village of Wayne 2.		
3. Adjustment of Tax for prior quarter..... 3.		
4. Penalty (\$5.00 per month)..... 4.		
5. Interest (1% per month) 5.		
6. Total – (Lines 2-5) 6.		

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
WAYNE TAX DEPARTMENT

MAIL TO:

**VILLAGE OF WAYNE
INCOME TAX DEPARTMENT**

125 SCHOOLHOUSE ST., PO BOX 39
WAYNE, OH 43466
TELEPHONE (419) 288-3075

1

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

NAME AND ADDRESS

FOR THE PERIOD ENDING
MARCH 31, 2016

MUST BE RECEIVED BY
APRIL 15, 2016

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

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WAYNE TAX DEPARTMENT

MAIL TO:

**VILLAGE OF WAYNE
INCOME TAX DEPARTMENT**

125 SCHOOLHOUSE ST., PO BOX 39
WAYNE, OH 43466
TELEPHONE (419) 288-3075

2

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

NAME AND ADDRESS

FOR THE PERIOD ENDING
JUNE 30, 2016

MUST BE RECEIVED BY
JULY 15, 2016

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

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(Official Title) _____ Date _____

Federal ID no. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO
WAYNE TAX DEPARTMENT

MAIL TO:

**VILLAGE OF WAYNE
INCOME TAX DEPARTMENT**

125 SCHOOLHOUSE ST., PO BOX 39
WAYNE, OH 43466
TELEPHONE (419) 288-3075

3

FOR THE PERIOD ENDING
SEPTEMBER 30, 2016

MUST BE RECEIVED BY
OCTOBER 15, 2016

NAME AND ADDRESS

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

VILLAGE OF WAYNE EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

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(Signed) _____

(Official Title) _____ Date _____

Federal ID no. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO
WAYNE TAX DEPARTMENT

MAIL TO:

**VILLAGE OF WAYNE
INCOME TAX DEPARTMENT**

125 SCHOOLHOUSE ST., PO BOX 39
WAYNE, OH 43466
TELEPHONE (419) 288-3075

4

FOR THE PERIOD ENDING
DECEMBER 31, 2016

MUST BE RECEIVED BY
JANUARY 15, 2017

NAME AND ADDRESS

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.