

Dear Employer:

This is your 2015 Employer's Quarterly Return of Tax Withheld package. Included are all four quarterly forms for your convenience. The quarterly forms are due as so indicated. We have also included the Employer Reconciliation of Income Tax Withheld for 2015.

If you have any questions regarding your withholding forms, please contact the Village of Wayne Income Tax Department at 125 Schoolhouse St., Wayne, OH 43466. If you wish to contact by telephone, our number is (419) 288-3075.

Sincerely,

INCOME TAX ADMINISTRATOR

PLEASE NOTE:
OUR ADDRESS WAS CHANGED TO:
125 SCHOOLHOUSE ST., WAYNE, OH 43466

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

NAME AND ADDRESS

FOR THE PERIOD ENDING MARCH 31, 2015

MUST BE RECEIVED BY APRIL 30, 2015

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.

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. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO WAYNE TAX DEPARTMENT

NAME AND ADDRESS

FOR THE PERIOD ENDING JUNE 30, 2015

MUST BE RECEIVED BY JULY 31, 2015

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.

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

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

3

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

NAME AND ADDRESS

FOR THE PERIOD ENDING
SEPTEMBER 30, 2015

MUST BE RECEIVED BY
OCTOBER 31, 2015

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

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

4

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

NAME AND ADDRESS

FOR THE PERIOD ENDING
DECEMBER 31, 2015

MUST BE RECEIVED BY
JANUARY 31, 2016

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

**VILLAGE OF WAYNE
ANNUAL RECONCILIATION RETURN**
W-2'S MUST BE ATTACHED

**MAIL TO: INCOME TAX DEPARTMENT
VILLAGE OF WAYNE
125 SCHOOLHOUSE ST., PO BOX 39
WAYNE, OH 43466
PHONE: (419) 288-3075**

FOR TAX YEAR ENDING 2015 DUE JANUARY 31, 2016

PAYMENT ENCLOSED

REFUND REQUESTED

NAME:

FIN:

1ST QUARTER	3RD QUARTER
2ND QUARTER	4TH QUARTER

**ALL SECTIONS
MUST BE COMPLETED**

- TOTAL # WAYNE W-2'S.....\$ _____
- WAYNE WAGES SUBJECT TO WITHHOLDING TAX.....\$ _____
- AMOUNT OF WAYNE TAX WITHHELD.....\$ _____
- AMOUNT OF RESIDENCE TAX WITHHELD.....\$ _____
- TOTAL WAYNE TAX DUE.....\$ _____

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

Signed _____ Title _____

Federal ID no. _____ Date _____

Phone no. _____