

**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

AMENDED

**RETURN WITH PAYMENT**

|  | DOLLARS | CENTS |
|--|---------|-------|
| 1. Taxable Earnings paid all Employees<br>subject to Village of Wayne Income Tax..... 1.<br>Is this a courtesy withholding? <input type="checkbox"/> YES<br>Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, attach explanation |         |       |
| 2. Actual Tax Withheld in Village of Wayne ..... 2.  |         |       |
| 3. Adjustment of Tax for prior month..... 3.   |         |       |
| 4. Penalty (\$25.00 per month)..... 4.   |         |       |
| 5. Interest (6% 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) 288-2288

**1**

FOR THE PERIOD ENDING  
**JANUARY 31, 2019**

MUST BE RECEIVED BY  
**FEBRUARY 15, 2019**

NAME AND ADDRESS

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

**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

AMENDED

**RETURN WITH PAYMENT**

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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) 288-2288

**2**

FOR THE PERIOD ENDING  
**FEBRUARY 28, 2019**

MUST BE RECEIVED BY  
**MARCH 15, 2019**

NAME AND ADDRESS

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

**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**     AMENDED    **RETURN WITH PAYMENT**

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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) 288-2288

**3**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**MARCH 31, 2019**

MUST BE RECEIVED BY  
**APRIL 15, 2019**

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

**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**     AMENDED    **RETURN WITH PAYMENT**

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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) 288-2288

**4**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**APRIL 30, 2019**

MUST BE RECEIVED BY  
**MAY 15, 2019**

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

**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**     AMENDED    **RETURN WITH PAYMENT**

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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) 288-2288

**5**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**MAY 31, 2019**

MUST BE RECEIVED BY  
**JUNE 15, 2019**

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

**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**     AMENDED    **RETURN WITH PAYMENT**

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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) 288-2288

**6**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JUNE 30, 2019**

MUST BE RECEIVED BY  
**JULY 15, 2019**

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

**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**     AMENDED    **RETURN WITH PAYMENT**

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(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) 288-2288

**7**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JULY 31, 2019**

MUST BE RECEIVED BY  
**AUGUST 15, 2019**

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

**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**     AMENDED    **RETURN WITH PAYMENT**

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(Official Title) \_\_\_\_\_ Date \_\_\_\_\_

Federal ID no. \_\_\_\_\_

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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) 288-2288

**8**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**AUGUST 31, 2019**

MUST BE RECEIVED BY  
**SEPTEMBER 15, 2019**

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

**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**     AMENDED    **RETURN WITH PAYMENT**

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(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  
**SEPTEMBER 30, 2019**

MUST BE RECEIVED BY  
**OCTOBER 15, 2019**

**MAIL TO:  
VILLAGE OF WAYNE  
INCOME TAX DEPARTMENT**

125 SCHOOLHOUSE ST., PO BOX 39  
WAYNE, OH 43466  
TELEPHONE (419) 288-2288

**9**

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(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  
**OCTOBER 31, 2019**

MUST BE RECEIVED BY  
**NOVEMBER 15, 2019**

**MAIL TO:  
VILLAGE OF WAYNE  
INCOME TAX DEPARTMENT**

125 SCHOOLHOUSE ST., PO BOX 39  
WAYNE, OH 43466  
TELEPHONE (419) 288-2288

**10**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**NOVEMBER 30, 2019**

MUST BE RECEIVED BY  
**DECEMBER 15, 2019**

**MAIL TO:  
VILLAGE OF WAYNE  
INCOME TAX DEPARTMENT**

125 SCHOOLHOUSE ST., PO BOX 39  
WAYNE, OH 43466  
TELEPHONE (419) 288-2288

**11**

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**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**

AMENDED

**RETURN WITH PAYMENT**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**DECEMBER 31, 2019**

MUST BE RECEIVED BY  
**JANUARY 15, 2020**

**MAIL TO:**

**VILLAGE OF WAYNE  
INCOME TAX DEPARTMENT**

125 SCHOOLHOUSE ST., PO BOX 39  
WAYNE, OH 43466  
TELEPHONE (419) 288-2288

**12**

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