

Dear Employer:

This is your 2024 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 2024.

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) 288-2288.

Sincerely,

INCOME TAX ADMINISTRATOR

PLEASE NOTE:  
OUR ADDRESS WAS CHANGED TO:  
125 SCHOOLHOUSE ST., PO BOX 39  
WAYNE, OH 43466

VILLAGE OF WAYNE EMPLOYER'S MONTHLY 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 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

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JANUARY 31, 2024**

MUST BE RECEIVED BY  
**FEBRUARY 15, 2024**

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

2

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**FEBRUARY 28, 2024**

MUST BE RECEIVED BY  
**MARCH 15, 2024**

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  
**MARCH 31, 2024**

MUST BE RECEIVED BY  
**APRIL 15, 2024**

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

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

**3**

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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  
**APRIL 30, 2024**

MUST BE RECEIVED BY  
**MAY 15, 2024**

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

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

**4**

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

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

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**MAY 31, 2024**

MUST BE RECEIVED BY  
**JUNE 15, 2024**

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

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

**5**

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

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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, 2024**

MUST BE RECEIVED BY  
**JULY 15, 2024**

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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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, 2024**

MUST BE RECEIVED BY  
**AUGUST 15, 2024**

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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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

**8**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**AUGUST 31, 2024**

MUST BE RECEIVED BY  
**SEPTEMBER 15, 2024**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**SEPTEMBER 30, 2024**

MUST BE RECEIVED BY  
**OCTOBER 15, 2024**

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

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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, 2024**

MUST BE RECEIVED BY  
**NOVEMBER 15, 2024**

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

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**NOVEMBER 30, 2024**

MUST BE RECEIVED BY  
**DECEMBER 15, 2024**

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

NAME AND ADDRESS

FOR THE PERIOD ENDING **DECEMBER 31, 2024**

MUST BE RECEIVED BY **JANUARY 15, 2025**

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

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

**12**

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

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**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) 288-2288**

**FOR TAX YEAR ENDING 2024 DUE FEBRUARY 28, 2025**

**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. \_\_\_\_\_