

Dear Employer:

This is your 2025 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 2025.

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 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 (\$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  
MARCH 31, 2025

MUST BE RECEIVED BY  
APRIL 30, 2025

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		
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4. Penalty (\$25.00 per month)..... 4.		
5. Interest (6% per month) ..... 5.		
6. Total - (Lines 2-5)..... 6.		

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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

2

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

NAME AND ADDRESS

FOR THE PERIOD ENDING  
JUNE 30, 2025

MUST BE RECEIVED BY  
JULY 31, 2025

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 (\$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

**3**

FOR THE PERIOD ENDING  
**SEPTEMBER 30, 2025**

MUST BE RECEIVED BY  
**OCTOBER 31, 2025**

**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 (\$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

**4**

FOR THE PERIOD ENDING  
**DECEMBER 31, 2025**

MUST BE RECEIVED BY  
**JANUARY 31, 2026**

**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  
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 2025                      DUE FEBRUARY 28, 2026**

**PAYMENT ENCLOSED**   

**REFUND REQUESTED**   

NAME: \_\_\_\_\_ FIN: \_\_\_\_\_

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

ALL SECTIONS MUST BE COMPLETED	
1. TOTAL # WAYNE W-2'S.....\$	_____
2. WAYNE WAGES SUBJECT TO WITHHOLDING TAX.....\$	_____
3. AMOUNT OF WAYNE TAX WITHHELD.....\$	_____
4. AMOUNT OF RESIDENCE TAX WITHHELD.....\$	_____
5. 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. \_\_\_\_\_