

Dear Employer:

This is your 2026 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 2026.

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

1. Taxable Earnings paid all Employees subject to Village of Wayne Income Tax.....	DOLLARS	CENTS	I hereby certify that the information and statements contained herein are true and correct.  (Signed) _____  (Official Title) _____ Date _____  Federal ID no. _____
..... 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 .....			
3. Adjustment of Tax for prior month.....			THIS RETURN MUST BE RECEIVED ON OR BEFORE THE DUE DATE SHOWN BELOW  MAKE CHECK OR MONEY ORDER PAYABLE TO WAYNE TAX DEPARTMENT
4. Penalty (\$25.00 per month).....			
5. Interest (6% per month) .....			
6. Total - (Lines 2-5) .....			

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**JANUARY 31, 2026**

MUST BE RECEIVED BY  
**FEBRUARY 15, 2026**

1

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.

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

1. Taxable Earnings paid all Employees subject to Village of Wayne Income Tax.....	DOLLARS	CENTS	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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4. Penalty (\$25.00 per month).....			
5. Interest (6% per month) .....			
6. Total - (Lines 2-5) .....			

NAME AND ADDRESS

FOR THE PERIOD ENDING  
**FEBRUARY 28, 2026**

MUST BE RECEIVED BY  
**MARCH 15, 2026**

2

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.

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

**RETURN WITH PAYMENT**

1. Taxable Earnings paid all Employees subject to Village of Wayne Income Tax.....	DOLLARS	CENTS
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If yes, attach explanation		
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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.	

**NAME AND ADDRESS**
**FOR THE PERIOD ENDING  
MARCH 31, 2026**
**MUST BE RECEIVED BY  
APRIL 15, 2026**

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**
**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 MONTHLY RETURN OF TAX WITHHELD**
 AMENDED

**RETURN WITH PAYMENT**

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5. Interest (6% per month) .....	5.	
6. Total - (Lines 2-5) .....	6.	

**NAME AND ADDRESS**
**FOR THE PERIOD ENDING  
APRIL 30, 2026**
**MUST BE RECEIVED BY  
MAY 15, 2026**

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

**RETURN WITH PAYMENT**

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6. Total - (Lines 2-5) .....	6.	

**NAME AND ADDRESS**
**FOR THE PERIOD ENDING  
MAY 31, 2026**
**MUST BE RECEIVED BY  
JUNE 15, 2026**

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

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6. Total - (Lines 2-5) .....	6.	

**NAME AND ADDRESS**
**FOR THE PERIOD ENDING  
JUNE 30, 2026**
**MUST BE RECEIVED BY  
JULY 15, 2026**

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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**125 SCHOOLHOUSE ST., PO BOX 39  
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**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**
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**NAME AND ADDRESS**
**FOR THE PERIOD ENDING  
JULY 31, 2026**
**MUST BE RECEIVED BY  
AUGUST 15, 2026**

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

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6. Total - (Lines 2-5) .....	6.	

**NAME AND ADDRESS**
**FOR THE PERIOD ENDING  
AUGUST 31, 2026**
**MUST BE RECEIVED BY  
SEPTEMBER 15, 2026**

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

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6. Total - (Lines 2-5) .....	6.	

**NAME AND ADDRESS**
**FOR THE PERIOD ENDING  
SEPTEMBER 30, 2026**
**MUST BE RECEIVED BY  
OCTOBER 15, 2026**

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**
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**MAIL TO:**
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**VILLAGE OF WAYNE EMPLOYER'S MONTHLY RETURN OF TAX WITHHELD**
 AMENDED

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6. Total - (Lines 2-5) .....	6.	

**NAME AND ADDRESS**
**FOR THE PERIOD ENDING  
OCTOBER 31, 2026**
**MUST BE RECEIVED BY  
NOVEMBER 15, 2026**

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

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5. Interest (6% per month) .....	5.	
6. Total - (Lines 2-5) .....	6.	

**NAME AND ADDRESS**
**FOR THE PERIOD ENDING  
NOVEMBER 30, 2026**
**MUST BE RECEIVED BY  
DECEMBER 15, 2026**

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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**11**
**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 MONTHLY RETURN OF TAX WITHHELD

□ AMENDED

RETURN WITH PAYMENT

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6. Total - (Lines 2-5) .....	6.	

NAME AND ADDRESS

FOR THE PERIOD ENDING  
DECEMBER 31, 2026MUST BE RECEIVED BY  
JANUARY 15, 2027

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 2026 DUE FEBRUARY 28, 2027

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. \_\_\_\_\_

12