

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

**MAIL TO: INCOME TAX DEPARTMENT PHONE: (419) 637-6004
VILLAGE OF GIBSONBURG
120 N. MAIN ST.
GIBSONBURG, OH 43431**

FOR TAX YEAR ENDING 2008 DUE JANUARY 31, 2009

PAYMENT ENCLOSED

REFUND REQUESTED

NAME: _____

FIN: _____

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

**ALL SECTIONS
MUST BE COMPLETED**

1. TOTAL # GIBSONBURG W-2'S _____
2. GIBSONBURG WAGES SUBJECT TO WITHHOLDING TAX \$ _____
3. AMOUNT OF GIBSONBURG TAX WITHHELD \$ _____
4. AMOUNT OF RESIDENCE TAX WITHHELD \$ _____
5. TOTAL GIBSONBURG TAX DUE \$ _____

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

Signed _____ Title _____

Fed. ID No. _____ Date _____

Phone # _____