

MO1

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: January 31, 2009

Due date: February 28, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

MO2

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: February 28, 2009

Due date: March 31, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

MO3

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: March 31, 2009

Due date: April 30, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

MO4

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: April 30, 2009

Due date: May 31, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

MO5

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: May 31, 2009

Due date: June 30, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

MO6

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: June 30, 2009

Due date: July 31, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

MO7

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: July 31, 2009

Due date: August 31, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

MO8

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: August 31, 2009

Due date: September 30, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

MO9

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: September 30, 2009

Due date: October 31, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

M10

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: October 31, 2009

Due date: November 30, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

M11

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: November 30, 2009

Due date: December 31, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

M12

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2009

Prepared via Tax Tool

Account #

Federal ID #

Month ending: December 31, 2009

Due date: January 31, 2010

Payment amount: # _____

Signature _____ Title _____ Phone _____

Sylvania Income Tax Division
6730 Monroe St.
Sylvania, OH 43560

SYLVANIA withholding payments remitted:

- 1. Number of W-2's
- 2. SYLVANIA qualifying wages.....
- 3. SYLVANIA Income Tax withheld
as shown on attached W-2's

- January.....
- February.....
- March.....
- April.....
- May.....
- June.....
- July.....
- August.....
- September.....
- October.....
- November.....
- December.....

Account #
Federal ID #

- 4. Total Remitted
- 5. Balance of Tax Due (Line 3 minus Line 4)
- 6. Overpayment

- A refund is requested
- Apply the overpayment to next year

Signed

Title

Prepared via Tax Tool