

001

EMPLOYER QUARTERLY 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 #

Quarter ending: March 31, 2009

Due date: April 30, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

Q02

EMPLOYER QUARTERLY 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 #

Quarter ending: June 30, 2009

Due date: July 31, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

Q03

EMPLOYER QUARTERLY 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 #

Quarter ending: September 30, 2009

Due date: October 31, 2009

Payment amount: # _____

Signature _____ Title _____ Phone _____

Q04

EMPLOYER QUARTERLY 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 #

Quarter 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 _____

- Quarter ended March 31 _____
- Quarter ended June 30 _____
- Quarter ended September 30 _____
- Quarter ended December 31 _____
- 4. Total Remitted _____
- 5. Balance of Tax Due (Line 3 minus Line 4) _____
- 6. Overpayment _____

Account #

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

Federal ID #

Prepared via Tax Tool

Signed _____

Title _____