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Q01 EMPLOYER QUARTERLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2016

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Quarter ending: March 31, 2016

Due date: April 15, 2016

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

Q02 EMPLOYER QUARTERLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2016

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Quarter ending: June 30, 2016

Due date: July 15, 2016

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

Q03 EMPLOYER QUARTERLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2016

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Quarter ending: September 30, 2016

Due date: October 17, 2016

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

Q04 EMPLOYER QUARTERLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2016

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Quarter ending: December 31, 2016

Due date: January 16, 2017

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

SW3 EMPLOYER RECONCILIATION OF WITHHOLDING TAX

2016

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

1. Number of W-2's ..... _____

2. SYLVANIA qualifying wages..... _____

3. SYLVANIA Income Tax withheld
   as shown on attached W-2's ..... _____

Account #

Federal ID #

☐ Check to inactivate account. Reason: _____

DUE DATE: FEBRUARY 28, 2017

Prepared via Tax Tool

SYLVANIA withholding payments remitted:

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 ..... _____

☐ A refund is requested

☐ Apply the overpayment to next year

Signed _____

Title _____

Phone # _____