

001

EMPLOYER QUARTERLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2018

Prepared via Tax Tool

Account #

Federal ID #

Quarter ending: March 31, 2018

Due date: April 30, 2018

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

002

EMPLOYER QUARTERLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2018

Prepared via Tax Tool

Account #

Federal ID #

Quarter ending: June 30, 2018

Due date: July 31, 2018

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

003

EMPLOYER QUARTERLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2018

Prepared via Tax Tool

Account #

Federal ID #

Quarter ending: September 30, 2018

Due date: October 31, 2018

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Name and Address - Please make necessary corrections

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2018

Prepared via Tax Tool

Account #

Federal ID #

Quarter ending: December 31, 2018

Due date: January 31, 2019

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

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, 2019

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 # _____