Print Clear Form

M01 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: January 31, 2019

Due date: February 15, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M02 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: February 28, 2019

Due date: March 15, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M03 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: March 31, 2019

Due date: April 15, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M04 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: April 30, 2019

Due date: May 15, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M05 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: May 31, 2019

Due date: June 17, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M06 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: June 30, 2019

Due date: July 15, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M07 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: July 31, 2019

Due date: August 15, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M08 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: August 31, 2019

Due date: September 16, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M09 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: September 30, 2019

Due date: October 15, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M10 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: October 31, 2019

Due date: November 15, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M11 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: November 30, 2019

Due date: December 16, 2019

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

M12 EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: December 31, 2019

Due date: January 15, 2020

☐ Check if final return. Reason: _____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

SW3 EMPLOYER RECONCILIATION OF WITHHOLDING TAX

2019

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: MARCH 2, 2020

Prepared via Tax Tool

SYLVANIA withholding payments remitted for following pay periods:

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

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 # _____