

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Account #

Federal ID #

Quarter ending: March 31, 2019

Due date: April 30, 2019

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Name and Address - Please make necessary corrections

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Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Account #
Federal ID #
Quarter ending: June 30, 2019
Due date: July 31, 2019

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Name and Address - Please make necessary corrections

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Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Account #

Federal ID #

Quarter ending: September 30, 2019

Due date: October 31, 2019

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Name and Address - Please make necessary corrections

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Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2019

Account #

Federal ID #

Quarter ending: December 31, 2019

Due date: January 31, 2020

Check if final return. Reason: _____

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 _____

Quarter ended March 31 _____

2. SYLVANIA qualifying wages..... _____

Quarter ended June 30 _____

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

Quarter ended September 30 _____

Quarter ended December 31 _____

Account #

4. Total Remitted _____

Federal ID #

5. Balance of Tax Due (Line 3 minus Line 4) _____

Check to inactivate account. Reason: _____

6. Overpayment _____

A refund is requested

Apply the overpayment to next year

DUE DATE: MARCH 2, 2020

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Signed _____

Title _____

Phone # _____