

Sylvania Township/City of Sylvania JEDD I

2024 Employer Reconciliation of Withholding Tax

1. Number of W-2's _____
2. Sylvania Township/City of Sylvania JEDD I Qualifying wages _____
3. Sylvania Township/City of Sylvania JEDD I Income tax withheld as shown on attached W-2's _____

Sylvania Township/City of Sylvania JEDD I
Payments remitted:

Month ended January 31	\$ _____
Month Ended February 29	\$ _____
Month Ended March 31	\$ _____
Month Ended April 30	\$ _____
Month Ended May 31	\$ _____
Month Ended June 30	\$ _____
Month Ended July 31	\$ _____
Month Ended August 31	\$ _____
Month Ended September 30	\$ _____
Month Ended October 31	\$ _____
Month Ended November 30	\$ _____
Month Ended December 31	\$ _____

Account # _____
Federal Id _____
Name _____
Address _____
Phone _____

4. Total Remitted \$ _____
5. Balance due (line 3 minus line 4) \$ _____
6. Overpayment \$ _____

Taxpayer signature Date

- A refund is requested
 Apply the overpayment to next year
 Overpayments \$10.00 or less will not be refunded or credited.

Mail to:
Sylvania Township/City of Sylvania JEDD I
6730 Monroe St Ste 202
Sylvania, OH 43560