

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:

- | | |
|--------------------------------------|----------|
| Quarter ended March 31 | \$ _____ |
| Quarter ended June 30 | \$ _____ |
| Quarter ended September 30 | \$ _____ |
| Quarter Ended December 31 | \$ _____ |
| 4. Total Remitted | \$ _____ |
| 5. Balance due (line 3 minus line 4) | \$ _____ |
| 6. Overpayment | \$ _____ |

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

_____ 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

Taxpayer signature _____ Date _____