

MD1

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: January 31, 2024

Due date: February 15, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

MO2

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: February 29, 2024

Due date: March 15, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

MO3

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: March 31, 2024

Due date: April 15, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

MD4

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: April 30, 2024

Due date: May 15, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

MD5

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: May 31, 2024

Due date: June 17, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

MO6

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: June 30, 2024

Due date: July 15, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

MD7

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: July 31, 2024

Due date: August 15, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

MOB

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: August 31, 2024

Due date: September 16, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_



MO9

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: September 30, 2024

Due date: October 15, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

M10

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: October 31, 2024

Due date: November 15, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

M11

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: November 30, 2024

Due date: December 16, 2024

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

M12

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address - Please make necessary corrections

Sylvania Income Tax Division  
PO Box 510  
Sylvania, OH 43560

2024

Prepared via Tax Tool

Account #

Federal ID #

Month ending: December 31, 2024

Due date: January 15, 2025

☐ Check if final return. Reason: \_\_\_\_\_

Payment amount: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Sylvania Income Tax Division  
6730 Monroe St.  
Sylvania, OH 43560

SYLVANIA withholding payments remitted for  
following pay periods:

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, 2025**

Prepared via Tax Tool

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 # .....