

Q01

EMPLOYER QUARTERLY 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 #

Quarter ending: March 31, 2024

Due date: April 30, 2024

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Q02

EMPLOYER QUARTERLY 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 #

Quarter ending: June 30, 2024

Due date: July 31, 2024

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Q03

EMPLOYER QUARTERLY 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 #

Quarter ending: September 30, 2024

Due date: October 31, 2024

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Q04

EMPLOYER QUARTERLY 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 #

Quarter ending: December 31, 2024

Due date: January 31, 2025

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

SW3

EMPLOYER RECONCILIATION OF WITHHOLDING TAX

2024

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: FEBRUARY 28, 2025

Prepared via Tax Tool

SYLVANIA withholding payments remitted:

Quarter ended March 31 _____

Quarter ended June 30 _____

Quarter ended September 30 _____

Quarter ended December 31 _____

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 # _____