

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2024

Account #

Federal ID #

Quarter ending: March 31, 2024

Due date: April 30, 2024

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

2024

Account #

Federal ID #

Quarter ending: June 30, 2024

Due date: July 31, 2024

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

2024

Account #

Federal ID #

Quarter ending: September 30, 2024

Due date: October 31, 2024

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

2024

Account #

Federal ID #

Quarter ending: December 31, 2024

Due date: January 31, 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:

- 1. Number of W-2's
- 2. SYLVANIA qualifying wages.....
- 3. SYLVANIA Income Tax withheld
as shown on attached W-2's

- Quarter ended March 31
- Quarter ended June 30
- 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

DUE DATE: FEBRUARY 28, 2025

- A refund is requested
- Apply the overpayment to next year

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Signed _____

Title _____

Phone # _____