

MD1

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: January 31, 2026

Due date: February 17, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

MO2

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: February 28, 2026

Due date: March 16, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

MO3

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: March 31, 2026

Due date: April 15, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

MD4

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: April 30, 2026

Due date: May 15, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

MD5

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: May 31, 2026

Due date: June 15, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

MO6

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: June 30, 2026

Due date: July 15, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

MD7

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: July 31, 2026

Due date: August 17, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

MOB

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: August 31, 2026

Due date: September 15, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

MO9

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: September 30, 2026

Due date: October 15, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

M10

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: October 31, 2026

Due date: November 16, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

M11

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: November 30, 2026

Due date: December 15, 2026

☐ Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

M12

EMPLOYER MONTHLY RETURN OF WITHHOLDING TAX

Name and Address

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2026

Account #

Federal ID #

Month ending: December 31, 2026

Due date: January 15, 2027

☐ 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: MARCH 1, 2027

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 # _____