FORM
W-1-T

CITY OF TOLEDO

EMPLOYER'S **QUARTERLY RETURN** OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND IN ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

1.	Total taxable wage etc	$	
2.	Tax withheld 2¼ % of line #1		
2a.	Additional tax withheld		
3.	Adjustment for prior quarter		
4.	Interest (6% per annum)		
5.	Penalty (see instructions)		
6.	Total		
7.	Less M1+M2 payments		
8.	Pay this amount	$	

1ST QTR FOR QUARTER ENDING MARCH 31.
DUE ON OR BEFORE APRIL 30.

CASHIER'S VALIDATION

FORM
W-1-M-D

CITY OF TOLEDO

EMPLOYER'S **MONTHLY** DEPOSIT OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

AMOUNT OF TAX $		

M-2 FOR TAX PERIOD ENDING FEBRUARY 28.
DUE MARCH 15.

CASHIER'S VALIDATION

FORM
W-1-M-D

CITY OF TOLEDO

EMPLOYER'S **MONTHLY** DEPOSIT OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

AMOUNT OF TAX $		

M-1 FOR TAX PERIOD ENDING JANUARY 31.
DUE FEBRUARY 15.

CASHIER'S VALIDATION

FORM
W-1-T

CITY OF TOLEDO

EMPLOYER'S **QUARTERLY RETURN** OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND IN ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

1.	Total taxable wage etc	$	
2.	Tax withheld 2¼ % of line #1		
2a.	Additional tax withheld		
3.	Adjustment for prior quarter		
4.	Interest (6% per annum)		
5.	Penalty (see instructions)		
6.	Total		
7.	Less M4+M5 payments		
8.	Pay this amount	$	

2ND QTR FOR QUARTER ENDING JUNE 30.
DUE ON OR BEFORE JULY 31.

CASHIER'S VALIDATION

FORM
W-1-M-D

CITY OF TOLEDO

EMPLOYER'S **MONTHLY** DEPOSIT OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

AMOUNT OF TAX $		

M-5 FOR TAX PERIOD ENDING MAY 31.
DUE JUNE 15.

CASHIER'S VALIDATION

FORM
W-1-M-D

CITY OF TOLEDO

EMPLOYER'S **MONTHLY** DEPOSIT OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

AMOUNT OF TAX $		

M-4 FOR TAX PERIOD ENDING APRIL 30.
DUE MAY 15.

CASHIER'S VALIDATION

FORM
W-1-T

CITY OF TOLEDO

EMPLOYER'S **QUARTERLY RETURN** OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND IN ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

1.	Total taxable wage etc	$	
2.	Tax withheld 2¼ % of line #1		
2a.	Additional tax withheld		
3.	Adjustment for prior quarter		
4.	Interest (6% per annum)		
5.	Penalty (see instructions)		
6.	Total		
7.	Less M7+M8 payments		
8.	Pay this amount	$	

3RD QTR FOR QUARTER ENDING SEPTEMBER 30.
DUE ON OR BEFORE OCTOBER 31.

CASHIER'S VALIDATION

FORM
W-1-M-D

CITY OF TOLEDO

EMPLOYER'S **MONTHLY** DEPOSIT OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

AMOUNT OF TAX $		

M-8 FOR TAX PERIOD ENDING AUGUST 31.
DUE SEPTEMBER 15.

CASHIER'S VALIDATION

FORM
W-1-M-D

CITY OF TOLEDO

EMPLOYER'S **MONTHLY** DEPOSIT OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

AMOUNT OF TAX $		

M-7 FOR TAX PERIOD ENDING JULY 31.
DUE AUGUST 15.

CASHIER'S VALIDATION

FORM
W-1-T

CITY OF TOLEDO

EMPLOYER'S **QUARTERLY RETURN** OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND IN ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

1. Total taxable wage etc	$	
2. Tax withheld 2¼ % of line #1		
2a. Additional tax withheld		
3. Adjustment for prior quarter		
4. Interest (6% per annum)		
5. Penalty (see instructions)		
6. Total		
7. Less M10+M11 payments		
8. Pay this amount	$	

4TH QTR FOR QUARTER ENDING DECEMBER 31.
DUE ON OR BEFORE JANUARY 31.

CASHIER'S VALIDATION

FORM
W-1-M-D

CITY OF TOLEDO

EMPLOYER'S **MONTHLY** DEPOSIT OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

AMOUNT OF TAX $		

M-11 FOR TAX PERIOD ENDING NOVEMBER 30.
DUE DECEMBER 15.

CASHIER'S VALIDATION

FORM
W-1-M-D

CITY OF TOLEDO

EMPLOYER'S **MONTHLY** DEPOSIT OF TAX WITHHELD

RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

AMOUNT OF TAX $		

M-10 FOR TAX PERIOD ENDING OCTOBER 31.
DUE NOVEMBER 15.

CASHIER'S VALIDATION

FORM
W-3

CITY OF TOLEDO

RECONCILIATION OF INCOME TAX WITHHELD FROM WAGES
DUE JANUARY 31

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

1. TOTAL NUMBER OF W-2 FORMS SUBMITTED HEREWITH _____
2. TOLEDO TAXABLE WAGES PAID ..... $ _____
2a. ADDITIONAL TAXES WITHHELD ..... $ _____
3. TOTAL TOLEDO INCOME TAX WITHHELD FROM WAGES AS SHOWN BY EMPLOYEE'S STATEMENTS. (SHOULD EQUAL 2¼% OF LINE 2, PLUS LINE 2A ABOVE ..... $ _____

ACCOUNT NO. EIN

4. TOTAL TOLEDO INCOME TAX WITHHELD (FORM W-1) FOR:
   - QUARTER ENDED MARCH 31 $ _____
   - QUARTER ENDED JUNE 30 $ _____
   - QUARTER ENDED SEPTEMBER 30 $ _____
   - QUARTER ENDED DECEMBER 31 $ _____

5. TOTAL ..... $ _____

*6. DIFFERENCE BETWEEN LINES 3 & 5 ..... $ _____
*If line 6 indicates a balance due, the amount thereof should accompany the SUPPLEMENTAL FORM below; if line 6 indicates an overpayment, complete the following.

REFUND AMOUNT $ _____
CARRY FORWARD AMOUNT $ _____

SIGNATURE _____ DATE _____
(REQUIRED FOR REFUND)

FORM
W-3

CITY OF TOLEDO

RECONCILIATION OF INCOME TAX WITHHELD FROM WAGES
DUE JANUARY 31

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

1. TOTAL NUMBER OF W-2 FORMS SUBMITTED HEREWITH _____
2. TOLEDO TAXABLE WAGES PAID ..... $ _____
2a. ADDITIONAL TAXES WITHHELD ..... $ _____
3. TOTAL TOLEDO INCOME TAX WITHHELD FROM WAGES AS SHOWN BY EMPLOYEE'S STATEMENTS. (SHOULD EQUAL 2¼% OF LINE 2, PLUS LINE 2A ABOVE ..... $ _____

ACCOUNT NO. EIN

4. TOTAL TOLEDO INCOME TAX WITHHELD (FORM W-1) FOR:
   - QUARTER ENDED MARCH 31 $ _____
   - QUARTER ENDED JUNE 30 $ _____
   - QUARTER ENDED SEPTEMBER 30 $ _____
   - QUARTER ENDED DECEMBER 31 $ _____

5. TOTAL ..... $ _____

*6. DIFFERENCE BETWEEN LINES 3 & 5 ..... $ _____
*If line 6 indicates a balance due, the amount thereof should accompany the SUPPLEMENTAL FORM below; if line 6 indicates an overpayment, complete the following.

REFUND AMOUNT $ _____
CARRY FORWARD AMOUNT $ _____

SIGNATURE _____ DATE _____
(REQUIRED FOR REFUND)

COPY

FORM
W-1-T

CITY OF TOLEDO

EMPLOYER'S **QUARTERLY RETURN** OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

MAIL TO:
CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND IN ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO:
"COMMISSIONER OF TAXATION CITY OF TOLEDO"

ACCOUNT NO. EIN

1.	Total taxable wage etc	$
2.	Tax withheld 2¼ % of line #1	
2a.	Additional tax withheld	
3.	Adjustment for prior quarter	
4.	Interest (6% per annum)	
5.	Penalty (see instructions)	
6.	Total	
7.	Less prior payments	
8.	Pay this amount	$

SUPPLEMENTAL FORM (TO ACCOMPANY ADDITIONAL MONEY DUE)

CASHIER'S VALIDATION

NOTE: If you use an outside service to process your taxes, please provide these forms to the service. This form must be used in filing your tax return.

CITY OF TOLEDO

EMPLOYER'S RETURN OF TAX WITHHELD

EMPLOYER'S RETURN WORKSHEET

INSTRUCTIONS FOR PREPARING AND FILING FORM W-1

Who Must File:

Each employer within the City of Toledo who employs one or more persons is required to withhold the tax of 2¼% from all compensation paid employees at the time such compensation is paid and to file Form W-1 and remit such to the Commissioner of Taxation on or before the last day of the month next following the quarterly period in which the withholding was made.

Monthly Filing

Monthly deposits of taxes withheld shall be made by an employer if the taxes deducted amount to $1,000.00 or more a month. Such payments shall be made to the city on the 15th day if the 2nd and 3rd months of each calendar quarter. However, those taxes accumulated for the third month of a calendar quarter need not be paid until the last day of the month following the close of the calendar quarter along with the quarterly Form W1-T.

Quarterly Return

The quarter in which compensation is paid, not earned, is the period for which the Quarterly Return on Form W-1 is to be made.

Interest and Penalties

All taxes required to be withheld by employers under the provisions of this ordinance and remaining unpaid after they have become due shall bear interest, in addition to the amount of the unpaid withheld tax, at the rate of one-half percent (½%) per month or fraction thereof until paid in full. In additioni thereto the employers required to withhold taxes from employees under the provisions of this ordinance, shall be subject to penalty of five percent (5%) per month, of the unpaid tax for each of the first five (5) months or fraction thereof and for the sixth (6th) and all subsequent months or fraction thereof, one and one-half percent (1½%) per month.

ITEM 2 - Shall be the actual tax withheld at the rate of 2¼%.

ITEM 3 - To adjust current payment for underpayment or overpayment in previous quarter specify which.

Phone: (419) 245-1662
Fax: (419) 245-1863

INSTRUCTIONS FOR TOLEDO FORM W-3

The original of this reconciliation form must be filed with the COMMISSIONER OF TAXATION, CITY OF TOLEDO, 1 GOVERNMENT CTR STE 2070, TOLEDO OH 43604-2280 ON OR BEFORE JANUARY 31 unless written request for extension has been made to and granted (in writing) by the commissioner. This form must be accompanied by copies of employee's statement, (Form w-2) showing: (1) name and address of employee; (2) social security number; (3) gross earnings paid before any payroll deductions; (4) amount of TOLEDO and other city income tax withheld; and (5) name, address and Toledo account number of employer. An adding machine tape, listing the amounts of Toledo income tax withheld, as indicated by individual employee's statement, should be attached thereto.

If Line 6 indicates a balance due, the amount due should accompany this return: if Line 6 indicates an overpayment, a refund request signed by the employer should be made.

TAXABLE TO TOLEDO	NON TAXABLE TO TOLEDO
Salaries, Wages, Commissions,Tips	Pensions Paid from Pension Funds
Sick Pay	Employee Contributions to Cafeteria Plans
SUB Pay	Premiums on Group Term Insurance in Excess of $50,000
Ordinary Income Portion of Stock Options or Employee Stock Purchase Plans	
Employee Contribution to Tax Sheltered Annuities	
Ordinary Income Portion of Lump Sum Distributions	
Working Condition Fringe Benefits to the Extent Included in W-2 Forms	

YEAR _____

	TOTAL PAYROLL	TAXABLE PAYROLL (if different than total P/R)		TOLEDO INCOME TAX
1. January or M1	$	$	x 2¼% =	$
2. February or M2			x 2¼% =	
3. March or 1st Quarter			x 2¼% =	
4. April or M4			x 2¼% =	
5. May or M5			x 2¼% =	
6. June or 2nd Quarter			x 2¼% =	
7. July or M7			x 2¼% =	
8. August or M8			x 2¼% =	
9. September or 3rd Quarter			x 2¼% =	
10. October or M10			x 2¼% =	
11. November or M11			x 2¼% =	
12. December or 4th Quarter			x 2¼% =	
13. Total Year	$	$		$ 0.00