

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

Table with 6 rows for tax items: Total taxable wage etc, Tax withheld 2 1/4 % of line #1, Additional tax withheld, Adjustment for prior quarter, Interest (6% per annum), Penalty (see instructions), Total.

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

CASHIER'S VALIDATION box

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Table with 6 rows for tax items: Total taxable wage etc, Tax withheld 2 1/4 % of line #1, Additional tax withheld, Adjustment for prior quarter, Interest (6% per annum), Penalty (see instructions), Total.

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

CASHIER'S VALIDATION box

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TITLE _____ DATE _____

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ACCOUNT NO.

EIN

Table with 6 rows for tax items: Total taxable wage etc, Tax withheld 2 1/4 % of line #1, Additional tax withheld, Adjustment for prior quarter, Interest (6% per annum), Penalty (see instructions), Total.

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

CASHIER'S VALIDATION box

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...

- 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

EIN

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)

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

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SIGNATURE PHONE #

TITLE DATE

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

ACCOUNT NO. EIN

Table with 8 rows and 2 columns for tax items: Total taxable wage etc, Tax withheld 2 1/4 % of line #1, Additional tax withheld, Adjustment for prior quarter, Interest (6% per annum), Penalty (see instructions), Total, Less prior payments, Pay this amount.

SUPPLEMENTAL FORM (TO ACCOMPANY ADDITIONAL MONEY DUE)

CASHIER'S VALIDATION

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

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SIGNATURE PHONE #

TITLE DATE

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ACCOUNT NO. EIN

Table with 6 rows and 2 columns for tax items: Total taxable wage etc, Tax withheld 2 1/4 % of line #1, Additional tax withheld, Adjustment for prior quarter, Interest (6% per annum), Penalty (see instructions), Total.

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

CASHIER'S VALIDATION