

FORM MD-1

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-1

FOR TAX PERIOD ENDING **January 31, 2016**

DUE ON OR BEFORE **February 16, 2016**

NAME &
ADDRESS

| |
|------------|
| VALIDATION |
|------------|

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FORM MD-2

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-2

FOR TAX PERIOD ENDING **February 29, 2016**

DUE ON OR BEFORE **March 15, 2016**

NAME &
ADDRESS

| |
|------------|
| VALIDATION |
|------------|

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FORM MD-3

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-3

FOR TAX PERIOD ENDING **March 31, 2016**

DUE ON OR BEFORE **April 18, 2016**

NAME &
ADDRESS

| |
|------------|
| VALIDATION |
|------------|

FORM MD-4

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-4

FOR TAX PERIOD ENDING **April 30, 2016**

DUE ON OR BEFORE **May 16, 2016**

NAME &
ADDRESS

| | |
|------------|--|
| VALIDATION | |
|------------|--|

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FORM MD-5

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-5

FOR TAX PERIOD ENDING **May 31, 2016**

DUE ON OR BEFORE **June 15, 2016**

NAME &
ADDRESS

| | |
|------------|--|
| VALIDATION | |
|------------|--|

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FORM MD-6

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-6

FOR TAX PERIOD ENDING **June 30, 2016**

DUE ON OR BEFORE **July 15, 2016**

NAME &
ADDRESS

| | |
|------------|--|
| VALIDATION | |
|------------|--|

FORM MD-7

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-7

FOR TAX PERIOD ENDING **July 31, 2016**
DUE ON OR BEFORE **August 15, 2016**

NAME &
ADDRESS

| |
|------------|
| VALIDATION |
|------------|

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FORM MD-8

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-8

FOR TAX PERIOD ENDING **August 31, 2016**
DUE ON OR BEFORE **September 15, 2016**

NAME &
ADDRESS

| |
|------------|
| VALIDATION |
|------------|

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FORM MD-9

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-9

FOR TAX PERIOD ENDING **September 30, 2016**
DUE ON OR BEFORE **October 17, 2016**

NAME &
ADDRESS

| |
|------------|
| VALIDATION |
|------------|

FORM MD-10

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-10

FOR TAX PERIOD ENDING **October 31, 2016**
DUE ON OR BEFORE **November 15, 2016**

NAME &
ADDRESS

| |
|------------|
| VALIDATION |
|------------|

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FORM MD-11

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-11

FOR TAX PERIOD ENDING **November 30, 2016**
DUE ON OR BEFORE **December 15, 2016**

NAME &
ADDRESS

| |
|------------|
| VALIDATION |
|------------|

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FORM MD-12

2016 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

FID# _____

ACCOUNT NO. _____

| | | |
|---------------|----|--|
| AMOUNT OF TAX | \$ | |
|---------------|----|--|

M-12

FOR TAX PERIOD ENDING **December 31, 2016**
DUE ON OR BEFORE **January 17, 2017**

NAME &
ADDRESS

| |
|------------|
| VALIDATION |
|------------|

2016 TOLEDO EXPRESS AIRPORT JEDD EMPLOYER'S MONTHLY DEPOSIT OF TAX WITHHELD RETURN THIS FORM WITH REMITTANCE

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

SIGNATURE _____

PHONE # _____

TITLE _____

DATE _____

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

AMOUNT OF TAX \$ []

FID# _____

ACCOUNT NO. _____

SUPPLEMENTAL FOR TAX PERIOD ENDING DUE ON OR BEFORE

NAME & ADDRESS

VALIDATION []

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INSTRUCTIONS FOR TOLEDO EXPRESS AIRPORT JEDD FORM W-3

The original of this reconciliation form must be filed with the COMMISSIONER OF TAXATION, TOLEDO EXPRESS AIRPORT JEDD, ONE GOVERNMENT CTR STE 2070, TOLEDO OH 43604-2280 on or before February 28, 2017 unless written request for extension has been made to and granted (in writing) by the Commissioner of Taxation. This form must be accompanied by copies of the 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; and (4) amount of TOLEDO EXPRESS AIRPORT JEDD and OTHER CITY income tax withheld. Income tax withheld for other cities must be included on each individual W-2 or attachment to the W-2. If Line 5 indicates a balance due, the amount due should accompany this return: If Line 5 indicates an overpayment, a refund request signed by the employer should be made.

If non-employee compensation of \$600.00 or more per individual was paid for work performed in the Toledo Express Airport JEDD, copies of 1099-Misc's MUST be submitted on or before February 28, 2017.

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2016 TOLEDO EXPRESS AIRPORT JEDD RECONCILIATION OF INCOME TAX WITHHELD FROM WAGES DUE FEBRUARY 28, 2017

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

- 1. TOTAL NUMBER OF W-2 FORMS SUBMITTED HEREWITH _____
2. TOLEDO EXPRESS AIRPORT JEDD QUALIFYING WAGES PAID _____
2a. ADDITIONAL TOLEDO EXPRESS AIRPORT TAXES WITHHELD _____
3. TOTAL TOLEDO EXPRESS AIRPORT JEDD INCOME TAX WITHHELD FROM WAGES AS SHOWN BY EMPLOYEE'S STATEMENTS. (SHOULD EQUAL 0.50% OF LINE 2, PLUS LINE 2A ABOVE) _____

FID# _____

ACCOUNT NO. _____

TOLEDO EXPRESS AIRPORT JEDD withholding payment remitted:

- JANUARY.....
FEBRUARY.....
MARCH.....
APRIL.....
MAY.....
JUNE.....
JULY.....
AUGUST.....
SEPTEMBER.....
OCTOBER.....
NOVEMBER.....
DECEMBER.....

NAME & ADDRESS

SIGNED _____

TITLE _____

PHONE# _____

- 4. TOTAL REMITTED.....
5. BALANCE OF TAX DUE (Line 3 - Line 4) _____
6. OVERPAYMENT.....
[] REFUND AMOUNT _____
[] CARRY FORWARD AMOUNT _____