TROY TOWNSHIP JEDD
C/O CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR STE 2070
TOLEDO OH 43604-2280

2015

EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD BOOKLET

INSTRUCTIONS FOR PREPARING AND FILING FORM W-1

Who Must File

Each employer within the Troy Township JEDD who employs one or more persons is required to withhold the tax of 21/4% from all compensation paid employees at the time such compensation is paid and to file Form W-1-T and remit such tax to the Commissioner of Taxation on or before the last day of the next month following the quarterly period in which the withholding was made. Employers are required to withhold only on "qualifying wages" which are wages as defined in the Internal Revenue Code Section 3121(a), generally the Medicare Wage Box of the Form W-2.

What is Taxable to Troy Township JEDD?

Salaries, Wages, Commissions; Tips; Sick Pay; SUB Pay; 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; Premiums on Group Term Insurance in Excess of $50K.

What is not Taxable to Troy Township JEDD?

Pensions Paid from Pension Funds; Employee Contributions to Cafeteria Plans

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. These monthly deposits are to be made to the city on the 15th day of the 2nd and 3rd month of the quarter.

Quarterly Return

Quarterly returns (for both monthly & quarterly remitters) are due on the last day of the month following the end of the quarter.

SPECIFIC INSTRUCTIONS FOR FORM W-1-T

Line #1 Total taxable wage etc: Enter the TROY TOWNSHIP JEDD taxable wages paid for the entire quarter.

Line #2 Tax withheld 2.25% of line #1: Multiply line #1 by .0225 and place the result here. This figure should match what you've actually withheld from your employees.

Line #2a Additional tax withheld:

Line #3 Adjustment for prior quarter: This line is used to adjust current payment for underpayment or overpayment in a previous quarter. (Please specify which year and quarter you are adjusting.)

Line #4&5 Interest & Penalty: Penalty and interest will be calculated beginning the next day after the due date. If your quarterly payment is "POSTMARKED" even one day late, you will be assessed the monthly penalty and interest on the unpaid balance. Interest is calculated at the rate of .5% per month or any fraction thereof. Penalty is calculated at the rate of 5.0% per month or any fraction thereof for the first five months and 1.5% per month from the sixth month until balance is paid.

Line #6 Total: Equals the sum of 2, 2a, 3, 4, & 5. This is the amount now due.

FORM
W-1-T

2015 TROY TOWNSHIP JEDD
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"

FID# _____

ACCOUNT NO.

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	$	

☐ CHECK BOX IF NO LONGER REQUIRED TO FILE
DATE _____ REASON _____

1ST QTR FOR QUARTER ENDING March 31, 2015
DUE ON OR BEFORE April 30, 2015

CASHIER'S VALIDATION

FORM
W-1-T

2015 TROY TOWNSHIP JEDD
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

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SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

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

FID# _____

ACCOUNT NO.

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	$	

☐ CHECK BOX IF NO LONGER REQUIRED TO FILE
DATE _____ REASON _____

2ND QTR FOR QUARTER ENDING June 30, 2015
DUE ON OR BEFORE July 31, 2015

CASHIER'S VALIDATION

FORM
W-1-T

2015 TROY TOWNSHIP JEDD
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

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SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

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

FID# _____

ACCOUNT NO.

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	$	

☐ CHECK BOX IF NO LONGER REQUIRED TO FILE
DATE _____ REASON _____

3RD QTR FOR QUARTER ENDING September 30, 2015
DUE ON OR BEFORE November 2, 2015

CASHIER'S VALIDATION

FORM
W-1-T

2015 TROY TOWNSHIP JEDD
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"

FID# _____

ACCOUNT NO.

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	$	

☐ CHECK BOX IF NO LONGER REQUIRED TO FILE
DATE _____ REASON _____

4TH QTR FOR QUARTER ENDING December 31, 2015
DUE ON OR BEFORE February 1, 2016

CASHIER'S VALIDATION

INSTRUCTIONS FOR TROY TOWNSHIP JEDD 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 February 2, 2015 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 statements, 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.

If non-employee compensation of $600.00 or more per individual was paid for work performed in Toledo or by Toledo residents, copies of 1099-Misc's MUST also be submitted on or before February 2, 2015.

FORM
W-3

2015 TROY TOWNSHIP JEDD
RECONCILIATION OF INCOME TAX WITHHELD FROM WAGES
DUE FEBRUARY 1, 2016

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 2 1/4% OF LINE 2, PLUS LINE 2A ABOVE . . . . . $_____

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 . . . . . $_____

FID# _____

ACCOUNT NO.

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 $ _____

PRINTED NAME _____ PHONE NUMBER _____ SIGNATURE _____ DATE _____
(REQUIRED FOR REFUND)

FORM
W-1-T-SUPP

2015 TROY TOWNSHIP JEDD
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

MAIL TO:
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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"

FID# _____

ACCOUNT NO.

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 quarter		
8. Pay this amount	$	

SUPPLEMENTAL FORM (TO ACCOMPANY ADDITIONAL MONEY DUE)

CASHIER'S VALIDATION

Change of Troy Township JEDD Employer, Name, Address or Status

Please use this form to report any changes of mailing address, name, or out of business information. If this change is because you are out of business, you must file a final reconciliation for the final period you were in business on Form W-3. If a change in ownership or a change to business status (such as changing from a sole proprietorship to a corporation) occurs, and you receive a new Federal Employer Identification Number (FEIN), you must file a final reconciliation W-3 for the old account and complete a new Toledo business questionnaire to obtain a new Toledo account number. If a merger has taken place, the non-survivor must file a final reconciliation Form W-3 and complete the merger information on Toledo Business Questionnaire.

Previous Business Name and Mailing Address ACCOUNT NO.

Mail to:

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

New Name, Mailing and Location Address, Business Closure		
Business name		
Owner's name/responsible party		
New mailing address		
City	State	ZIP code
Physical location (street address and number)		
City	State	ZIP code
Business Closure Site	Telephone Number ( )	