

INSTRUCTIONS FOR TOLEDO FORM W-3

The original of this reconciliation form must be filed with the COMMISSIONER OF TAXATION, CITY OF TOLEDO, 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 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 Toledo or by Toledo residents, copies of 1099-Misc's MUST be submitted on or before **February 28, 2017**.

cut here ✂

FORM
W-3

2016 CITY OF TOLEDO 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 QUALIFYING WAGES PAID..... _____
- 2a. ADDITIONAL TOLEDO 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..... _____

FID# _____
ACCOUNT NO. _____

TOLEDO withholding payment remitted:

- | | |
|------------------------|--|
| JANUARY..... | |
| FEBRUARY..... | |
| MARCH (Qtr 1)..... | |
| APRIL..... | |
| MAY..... | |
| JUNE (Qtr 2)..... | |
| JULY..... | |
| AUGUST..... | |
| SEPTEMBER (Qtr 3)..... | |
| OCTOBER..... | |
| NOVEMBER..... | |
| DECEMBER (Qtr 4)..... | |

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

NAME &
ADDRESS

SIGNED _____
TITLE _____
PHONE# _____