

FORM
QD-1

**2017 TOLEDO EXPRESS AIRPORT JEDD
EMPLOYER'S QUARTERLY 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	\$	
------------------	----	--

Q-1

FOR TAX PERIOD ENDING **March 31, 2017**

DUE ON OR BEFORE **May 1, 2017**

*NAME &
ADDRESS*

VALIDATION	
------------	--

cut here ><

FORM
QD-2

**2017 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	\$	
------------------	----	--

Q-2

FOR TAX PERIOD ENDING **June 30, 2017**

DUE ON OR BEFORE **July 31, 2017**

*NAME &
ADDRESS*

VALIDATION	
------------	--

cut here ><

FORM
QD-3

**2017 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	\$	
------------------	----	--

Q-3

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

DUE ON OR BEFORE **October 31, 2017**

*NAME &
ADDRESS*

VALIDATION	
------------	--

2017 TOLEDO EXPRESS AIRPORT JEDD EMPLOYER'S QUARTERLY 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 _____

AMOUNT OF TAX \$ []

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

FID# _____

ACCOUNT NO. _____

Q-4

FOR TAX PERIOD ENDING December 31, 2017

DUE ON OR BEFORE January 31, 2018

NAME & ADDRESS

VALIDATION []

cut here ><

INSTRUCTIONS FOR TOLEDO 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, 2018 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, 2018.

cut here ><

2017 TOLEDO EXPRESS AIRPORT JEDD RECONCILIATION OF INCOME TAX WITHHELD FROM WAGES DUE FEBRUARY 28, 2018

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 1.00% OF LINE 2, PLUS LINE 2A ABOVE)..... _____

TOLEDO EXPRESS AIRPORT JEDD withholding payment remitted:

- QUARTER 1..... _____
QUARTER 2..... _____
QUARTER 3..... _____
QUARTER 4..... _____

FID# _____

ACCOUNT NO. _____

NAME & ADDRESS

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

SIGNED _____

TITLE _____

PHONE# _____

REFUND AMOUNT _____

CARRY FORWARD AMOUNT _____