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, 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 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, 2018.

FORM W-3

RECONCILIATION OF INCOME TAX WITHHELD FROM WAGES
DUE FEBRUARY 28, 2018

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. _______________________

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

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 _______________________