

INSTRUCTIONS FOR TROY TOWNSHIP-TOLEDO JEDD 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 TROY-TOLEDO 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 JEDD, copies of

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FORM
W-3

2017 TROY TOWNSHIP-TOLEDO 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 QUALIFYING WAGES PAID..... _____
 - 2a. ADDITIONAL TROY JEDD TAXES WITHHELD..... _____
 3. TOTAL TROY JEDD 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. _____

- TROY-TOLEDO JEDD 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# _____