

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 CENTER STE 2070, TOLEDO OH 43604 **on or before the last day of February**. This form must be accompanied by copies of the employee's statements (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 additional 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 7 indicates a positive amount, payment should accompany this return. If Line 7 indicates a negative amount, check the refund box.

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FORM
W-3

TAX YEAR _____ CITY OF TOLEDO
RECONCILIATION OF INCOME TAX WITHHELD FROM WAGES
DUE ON OR BEFORE THE LAST DAY OF FEBRUARY

MAIL TO:

PAYMENT ENCLOSED:	NO PAYMENT ENCLOSED:	REFUND:
CITY OF TOLEDO	CITY OF TOLEDO	CITY OF TOLEDO
PO BOX 993	PO BOX 929	PO BOX 902
TOLEDO, OH 43697	TOLEDO, OH 43697	TOLEDO, OH 43697

1. TOTAL NUMBER OF W-2 FORMS SUBMITTED _____
2. TOLEDO WORKPLACE WAGES PAID..... _____
3. TOTAL TOLEDO WORKPLACE TAXES WITHHELD FROM WAGES
AS SHOWN BY EMPLOYEE'S W-2 FORMS. (SHOULD
BE NO LESS THAN 2.25% OF LINE 2)..... _____
4. ADDITIONAL TOLEDO RESIDENT TAX WITHHELD _____
5. TOTAL (LINE 3 PLUS LINE 4)..... _____

FEIN# _____

ACCOUNT # _____

SHOULD YOUR ACCOUNT BE DEACTIVATED? YES NO
 REASON _____

TOLEDO WITHHOLDING PAYMENTS REMITTED:

- | | |
|--|-------|
| JANUARY..... | _____ |
| FEBRUARY..... | _____ |
| MARCH (Qtr 1)..... | _____ |
| APRIL..... | _____ |
| MAY..... | _____ |
| JUNE (Qtr 2)..... | _____ |
| JULY..... | _____ |
| AUGUST..... | _____ |
| SEPTEMBER (Qtr 3)..... | _____ |
| OCTOBER..... | _____ |
| NOVEMBER..... | _____ |
| DECEMBER (Qtr 4)..... | _____ |
| 6. TOTAL REMITTED..... | _____ |
| 7. BALANCE OF TAX (LINE 5 - LINE 6)..... | _____ |

*NAME &
ADDRESS*

SIGNATURE (REQUIRED) _____

TITLE _____ PHONE # _____

REFUND AMOUNT _____

