

FORM
W-1-T

CITY OF TOLEDO
EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD
RETURN THIS FORM WITH REMITTANCE

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

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN
AND IN ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

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

ACCOUNT NO.

1. Total taxable wage etc	\$	
2. Tax withheld 2¼ % of line #1		
2a. Additional tax withheld		
3. Adjustment for prior quarter		
4. Interest (6% per annum)		
5. Penalty (see instructions)		
6. Total		
7. Less prior payments		
8. Pay this amount	\$	

SUPPLEMENTAL FORM (TO ACCOMPANY ADDITIONAL
MONEY DUE)

CASHIER'S VALIDATION

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