

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"

FID# _____

ACCOUNT NO.

1. Total taxable wage etc.
2. Tax withheld 2 1/4% 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 M10+M11 payments
8. Pay this amount

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| \$ | |
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| \$ | |

4TH QTR FOR QUARTER ENDING December 31
DUE ON OR BEFORE January 31

CASHIER'S VALIDATION