

FORM
W-1-M-D

CITY OF TOLEDO
EMPLOYER'S **MONTHLY** DEPOSIT 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

SIGNATURE _____ PHONE # _____

TITLE _____ DATE _____

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

ACCOUNT NO.

AMOUNT OF TAX	\$		
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M-11 FOR TAX PERIOD ENDING NOVEMBER 30.
DUE DECEMBER 15.

CASHIER'S VALIDATION