

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

\$	
\$	

4TH QTR FOR QUARTER ENDING DECEMBER 31.
DUE ON OR BEFORE JANUARY 31.

CASHIER'S VALIDATION