

CITY OF TOLEDO
RECONCILIATION OF INCOME TAX WITHHELD FROM WAGES
DUE JANUARY 31

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

- 1. TOTAL NUMBER OF W-2 FORMS SUBMITTED HEREWITH _____
- 2. TOLEDO TAXABLE WAGES PAID.....\$ _____
- 2a. ADDITIONAL TAXES WITHHELD.....\$ _____
- 3. TOTAL TOLEDO INCOME TAX WITHHELD FROM WAGES
AS SHOWN BY EMPLOYEE'S STATEMENTS. (SHOULD
EQUAL 2 $\frac{1}{4}$ % OF LINE 2, PLUS LINE 2A ABOVE.....\$ _____

- 4. TOTAL TOLEDO INCOME TAX WITHHELD (FORM W-1) FOR:
 - QUARTER ENDED MARCH 31 \$ _____
 - QUARTER ENDED JUNE 30 \$ _____
 - QUARTER ENDED SEPTEMBER 30 \$ _____
 - QUARTER ENDED DECEMBER 31 \$ _____

5. TOTAL\$ _____

*6. DIFFERENCE BETWEEN LINES 3 & 5\$ _____

*If line 6 indicates a balance due, the amount thereof should accompany the SUPPLEMENTAL FORM below; if line 6 indicates an overpayment, complete the following.

REFUND AMOUNT \$ _____

CARRY FORWARD AMOUNT \$ _____

SIGNATURE _____ DATE _____

(REQUIRED FOR REFUND)