

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Account #

Federal ID #

Month ending: January 31, 2025

Due date: February 18, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Name and Address - Please make necessary corrections

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Account #

Federal ID #

Month ending: February 28, 2025

Due date: March 17, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Name and Address - Please make necessary corrections

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Account #
Federal ID #
Month ending: March 31, 2025
Due date: April 15, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Name and Address - Please make necessary corrections

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Account #

Federal ID #

Month ending: April 30, 2025

Due date: May 15, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

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Account #

Federal ID #

Month ending: May 31, 2025

Due date: June 16, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Name and Address - Please make necessary corrections

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Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Account #

Federal ID #

Month ending: June 30, 2025

Due date: July 15, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Account #

Federal ID #

Month ending: July 31, 2025

Due date: August 15, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

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Account #

Federal ID #

Month ending: August 31, 2025

Due date: September 15, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Account #

Federal ID #

Month ending: September 30, 2025

Due date: October 15, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Account #

Federal ID #

Month ending: October 31, 2025

Due date: November 17, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Account #

Federal ID #

Month ending: November 30, 2025

Due date: December 15, 2025

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Account #

Federal ID #

Month ending: December 31, 2025

Due date: January 15, 2026

Check if final return. Reason: _____

Payment amount: \$ _____

Signature _____ Title _____ Phone _____

Sylvania Income Tax Division
6730 Monroe St.
Sylvania, OH 43560

SYLVANIA withholding payments remitted for
following pay periods:

1. Number of W-2's

2. SYLVANIA qualifying wages.....

3. SYLVANIA Income Tax withheld
as shown on attached W-2's

Account #

Federal ID #

Check to inactivate account. Reason: _____

DUE DATE: MARCH 2, 2026

January.....

February.....

March.....

April.....

May.....

June.....

July.....

August.....

September.....

October.....

November.....

December.....

4. Total Remitted

5. Balance of Tax Due (Line 3 minus Line 4)

6. Overpayment

A refund is requested

Apply the overpayment to next year

Signed

Title

Phone #

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