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 #

Quarter ending: March 31, 2025

Due date: April 30, 2025

☐ Check if final return. Reason:_____

_____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

Name and Address - Please make necessary corrections

Prepared via Tax Tool

Payment amount: $ _____

Signature _____ Title _____ Phone _____

Sylvania Income Tax Division
PO Box 510
Sylvania, OH 43560

2025

Account #

Federal ID #

Quarter ending: June 30, 2025

Due date: July 31, 2025

☐ Check if final return. Reason:_____

_____

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 #

Quarter ending: September 30, 2025

Due date: October 31, 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 #

Quarter ending: December 31, 2025

Due date: February 2, 2026

☐ Check if final return. Reason:_____

Payment amount: $ _____

Signature _____ Title _____ Phone _____

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

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

Prepared via Tax Tool

SYLVANIA withholding payments remitted:

Quarter ended March 31 .... _____

Quarter ended June 30 .... _____

Quarter ended September 30 .... _____

Quarter ended December 31 .... _____

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 # _____