

# Sylvania Township/City of Sylvania JEDD I

## 2025 Employer Reconciliation of Withholding Tax

1. Number of W-2's \_\_\_\_\_
2. Sylvania Township/City of Sylvania JEDD I Qualifying wages \_\_\_\_\_
3. Sylvania Township/City of Sylvania JEDD I Income tax withheld as shown on attached W-2's \_\_\_\_\_

Sylvania Township/City of Sylvania JEDD I  
Payments remitted:

Month ended January 31	\$ _____
Month Ended February 28	\$ _____
Month Ended March 31	\$ _____
Month Ended April 30	\$ _____
Month Ended May 31	\$ _____
Month Ended June 30	\$ _____
Month Ended July 31	\$ _____
Month Ended August 31	\$ _____
Month Ended September 30	\$ _____
Month Ended October 31	\$ _____
Month Ended November 30	\$ _____
Month Ended December 31	\$ _____

Account # \_\_\_\_\_  
Federal Id \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

4. Total Remitted \$ \_\_\_\_\_
5. Balance due (line 3 minus line 4) \$ \_\_\_\_\_
6. Overpayment \$ \_\_\_\_\_

\_\_\_\_\_  
Taxpayer signature Date

- A refund is requested  
 Apply the overpayment to next year  
 Overpayments \$10.00 or less will not be refunded or credited.

Mail to:  
Sylvania Township/City of Sylvania JEDD I  
6730 Monroe St Ste 202  
Sylvania, OH 43560