

# 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: |          |
| Quarter ended March 31                                       | \$ _____ |
| Quarter ended June 30  | \$ _____ |
| Quarter ended September 30                                   | \$ _____ |
| Quarter Ended December 31                                    | \$ _____ |
| 4. Total Remitted  | \$ _____ |
| 5. Balance due (line 3 minus line 4)                         | \$ _____ |
| 6. Overpayment   | \$ _____ |

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

\_\_\_\_\_ 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

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