

City of Sidney, Ohio
Taxation Department

Phone (937) 498-8111

W-2 Diskette Submission Form

(to be submitted with W-2 diskette or CD)

For TAX YEAR _____

FID: _____

Local Tax ID: _____

Name & Address of Employer: *(Include street, city, state, zip code and phone number.)*

Contact Name: _____

Phone Number: _____

Name & Address of Transmitter *(if different from Employer):*
(Include street, city, state, zip code and phone number)

Contact Name: _____

Phone Number: _____

Summary of Forms

Number of Employees: _____ Total Local Taxable Wages: _____

Total Local Tax Withheld: _____

Affidavit

Under penalties of perjury, I declare that I have examined this return, including accompanying documents and magnetic media, and to the best of my knowledge and belief it is true, correct and complies.

Signature: _____

Title: _____

Date: _____

Please mail magnetic media (diskette or CD and this completed form to:

City of Sidney, Taxation Department, 201 W Poplar St., Sidney, Ohio 45365