

City Form SW-1

File With: Revenue Collections
201 W Poplar St
Sidney OH 45365-2720

City of Sidney Income Tax

RETURN OF INCOME TAX WITHHELD

on salaries, wages, and other compensation

www.sidneyoh.com
Phone (937)498-8111
Fax (937)498-8149

For period from _____ to _____

I declare that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return, made in good faith, pursuant to City of Sidney Income Tax Ordinance and the Regulations issued under the authority thereof.

By _____ Date _____

EIN: _____ Account No.: _____
Employer: _____
Address: _____

Name and address imprinted above are as shown by our records. If incorrect or if space is blank please print your business name and address as you wish them to show on our records

- 1. Total Tax withheld during period----- \$ _____
- 2. Adjustment to prior returns----- \$ _____
- 3. Total payable herewith----- \$ _____

Make check or money order payable to City of Sidney.
If no tax was withheld, please indicate NONE and return.

Penalty \$ _____

Interest \$ _____

Total \$ _____