



**City of Sidney, Ohio**  
**Taxation Department**  
Phone (937) 498-8111

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**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: \_\_\_\_\_

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

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