

City of Sidney – Employer’s Remittance of Income Tax Withheld (Rate is 1.75%)**Form SW-1****Withholding Period: JANUARY-MARCH 2026****Due Date: April 30, 2026**

1. Total Sidney Taxable Wages.....\$ _____
2. Total Sidney Income Tax Withheld.....\$ _____
3. Prior Period Adjustment (provide explanation).\$ _____
4. Penalty \$ _____ + Interest \$ _____ =\$ _____
5. Total Amount Remitted\$ _____

*Payment Options: ACH, Ohio Business Gateway,
check or money order payable to City of Sidney
If no tax was withheld, indicate NONE and return.*

Remit to:

CITY OF SIDNEY
REVENUE COLLECTIONS DEPT – INCOME TAX
201 W POPLAR ST
SIDNEY OH 45365

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.

Signature of responsible party _____ Date _____

Phone: _____ Email: _____

Federal ID # _____ (required)

Company Name _____

Address _____

City, State, Zip _____

Check if address change

*For assistance, please see our website www.sidneyoh.com, email tax@sidneyoh.com or call (937) 498-8111.
If receipt is desired, submit additional copy and enclose self-addressed stamped envelope.*

City of Sidney – Employer’s Remittance of Income Tax Withheld (Rate is 1.75%)**Form SW-1****Withholding Period: APRIL-JUNE 2026****Due Date: July 31, 2026**

1. Total Sidney Taxable Wages.....\$ _____
2. Total Sidney Income Tax Withheld.....\$ _____
3. Prior Period Adjustment (provide explanation).\$ _____
4. Penalty \$ _____ + Interest \$ _____ =\$ _____
5. Total Amount Remitted\$ _____

*Payment Options: ACH, Ohio Business Gateway,
check or money order payable to City of Sidney
If no tax was withheld, indicate NONE and return.*

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Signature of responsible party _____ Date _____

Phone: _____ Email: _____

Federal ID # _____ (required)

Company Name _____

Address _____

City, State, Zip _____

Check if address change

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City of Sidney – Employer’s Remittance of Income Tax Withheld (Rate is 1.75%)**Form SW-1****Withholding Period: JULY-SEPTEMBER 2026****Due Date: November 2, 2026**

1. Total Sidney Taxable Wages.....\$ _____
2. Total Sidney Income Tax Withheld.....\$ _____
3. Prior Period Adjustment (provide explanation).\$ _____
4. Penalty \$ _____ + Interest \$ _____ =\$ _____
5. Total Amount Remitted\$ _____

*Payment Options: ACH, Ohio Business Gateway,
check or money order payable to City of Sidney
If no tax was withheld, indicate NONE and return.*

Remit to:

CITY OF SIDNEY
REVENUE COLLECTIONS DEPT – INCOME TAX
201 W POPLAR ST
SIDNEY OH 45365

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.

Signature of responsible party _____ Date _____

Phone: _____ Email: _____

Federal ID # _____ (required)

Company Name _____

Address _____

City, State, Zip _____

Check if address change

*For assistance, please see our website www.sidneyoh.com, email tax@sidneyoh.com or call (937) 498-8111.
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City of Sidney – Employer’s Remittance of Income Tax Withheld (Rate is 1.75%)**Form SW-1****Withholding Period: OCTOBER-DECEMBER 2026****Due Date: February 2, 2027**

1. Total Sidney Taxable Wages.....\$_____
2. Total Sidney Income Tax Withheld.....\$_____
3. Prior Period Adjustment (provide explanation).\$_____
4. Penalty \$_____ + Interest \$ _____ = \$_____
5. Total Amount Remitted\$_____

*Payment Options: ACH, Ohio Business Gateway
check or money order payable to City of Sidney
If no tax was withheld, indicate **NONE** and return.*

Remit to:

CITY OF SIDNEY
REVENUE COLLECTIONS DEPT – INCOME TAX
201 W POPLAR ST
SIDNEY OH 45365

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.

Signature of responsible party _____ Date _____

Phone: _____ Email: _____

Federal ID # _____ (required)

Company Name _____

Address _____

City, State, Zip _____

Check if address change

For assistance, please see our website www.sidneyoh.com, email tax@sidneyoh.com or call (937) 498-8111.

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