

TAX OFFICE USE ONLY PAGE 1

REFUND _____ POSTED _____
 FORM _____ NRR/CRC _____
 EXT IN C _____ BATCH # _____
 AUDIT _____ BILL _____

City of Sylvania Income Tax Return

2004

For Calendar Year ending December 31, 2004 or for the _____ months ending _____
 Name & Address are as they appear on our records.
 Make necessary corrections.

A/C NO.

Soc. Sec. No. _____
 Yours _____ Spouse _____
 Fed. ID No. _____ Tel. No. _____
 Do you own this property? _____ Name and Address of Landlord _____
 Will you have 2005 taxable income? _____ If not, please explain _____
 List change of address since 1/1/04. Date moved into Sylvania _____ Date moved out _____

Previous Address _____ Present Address _____

Show the number of FULL WORK DAYS you spend outside of your city of employment on behalf of your employer. FOR MORE INFORMATION SEE GENERAL INSTRUCTIONS-ITEM 3.

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SCHEDULE A

Enter your TOTAL qualifying wages, salaries, bonuses, incentive payments and other compensation BEFORE ANY PAYROLL DEDUCTIONS received from January 1 to December 31, 2004 from each employer or source. INCLUDE Sick Pay paid by employer, Federal Tax Sheltered Annuities and all forms of Deferred Compensation. Attach schedule if necessary.

PRINT EMPLOYER'S NAME	LOCATION WORK WAS PERFORMED	TAX WAS PAID TO WHAT CITY	SYLVANIA TAX WITHHELD	OTHER CITY TAX WITHHELD	TAX CREDIT ALLOWED FOR OTHER CITIES	QUALIFYING WAGES, ETC.
			\$	\$	\$	\$
1. TOTAL IF NO OTHER TAXABLE INCOME COMPUTE YOUR TAX ON LINE 8						

ATTACH COPIES OF W-2's HERE

2. INCOME OTHER THAN WAGES - Page 2 OF THE TAX RETURN. **ATTACH COPIES OF ALL FEDERAL SCHEDULES**
 - (A) PRIMARY SOURCE INCOME..... \$ _____
 - (B) SECONDARY SOURCE INCOMEHUSBAND _____ WIFE _____ \$ _____
 - (C) SECONDARY SOURCE LOSS – MUST BE CARRIED FORWARDHUSBAND _____ WIFE _____
3. Adjustment from Schedule X (Page 2) ADD I..... DEDUCT T..... \$ _____
4. Total Income (Line 1 and/or 2 and 3) \$ _____
5. Amount allocable to SYLVANIA. If Schedule Y is used _____ % \$ _____
6. LESS ALLOCABLE SYLVANIA NET LOSS FROM PREVIOUS YEAR (*limited to 5 years*)..... \$ _____
7. ADJUSTED NET INCOME SUBJECT TO SYLVANIA INCOME TAX..... \$ _____
8. SYLVANIA INCOME TAX 1 1/2% (.015) OF LINE 1, LINE 4 OR LINE 7 \$ _____
9. CREDITS
 - (A) Sylvania City Tax Withheld (Line 1)..... \$ _____
 - (B) Estimated Tax Paid _____ Prior year overpayment..... \$ _____
 - (C) Other city tax credit not to exceed 1 1/2% (.015) of taxed income \$ _____
 - (D) Tax was paid to _____ (city) by _____ (partnership/S corp) \$ _____
 - (E) Total Credits Allowable \$ _____
10. TAX DUE (Line 8 less 9E) If this amount is less than \$10.00, no tax is due. \$ _____
11. Penalty for late filing even when no tax is due. \$25.00
 Penalty of 1 1/2% and interest of 1 1/2%, for a total of 3% per month on the unpaid balance \$ _____
12. Total Amount Due (Make check payable to the City of Sylvania) Check # _____ \$
13. Overpayment (Line 8 Less Line 9E) No refunds will be given for amounts under \$10.00. Overpayments under \$10.00 will be credited to the next tax year.
 - (A) Credited to next year's tax..... \$ _____
 - (B) Refunded..... \$ _____

The failure of any employer, taxpayer or person to receive or procure a return, declaration or other required form shall not excuse him from making any return, or declaration, from filing such form or from paying the tax.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated.

Signature of Taxpayer or Agent _____ Title _____ Date _____ Signature of person preparing return or keeping books _____ Phone # _____
 Signature of Spouse _____ Date _____ Address of above _____

Federal Returns 1065, 1120, 1120S ATTACH FEDERAL SCHEDULE \$ _____
COPIES OF K-1'S ARE REQUIRED.

Schedule C ATTACH FEDERAL SCHEDULE \$ _____

Schedule E Rental (See instructions, Line 2 for the minimum gross monthly rental income) ATTACH FEDERAL SCHEDULE \$ _____

Federal Schedule K-1 from Partnership income (Schedule 1065) ATTACH FEDERAL SCHEDULE \$ _____

Federal Schedule K-1 from S Corporation (Schedule 1120S) ATTACH FEDERAL SCHEDULE \$ _____

Schedule F ATTACH FEDERAL SCHEDULE \$ _____

Schedule 4797, Part II ATTACH FEDERAL SCHEDULE \$ _____

Gross income from gaming, wagering, lotteries or schemes of chance in excess of \$9999.99 \$ _____

Miscellaneous Income - income not reported elsewhere.
 Do not include interest, dividends, unemployment or retirement income.

_____ \$ _____

AFTER EACH AMOUNT INDICATE WITH A "P" OR AN "S," IF THE INCOME SOURCE IS PRIMARY OR SECONDARY.

SCHEDULE X RECONCILIATION: Use with Federal Adjusted Gross only if item is included on Page 1, and line 1 or 2.

Items Not Deductible	Add	Items Not Taxable	Deduct
A. Federally deducted losses from IRC 1221 or 1231 property dispositions	\$ _____	N. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250	\$ _____
B. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions	_____	O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income	_____
C. Federally deducted taxes based on income	_____	P. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expenses	_____
D. Guaranteed payments or accruals to or for current or former partners or members	_____	Q. Partnership, S corp, LLC IRC 179 Expense	_____
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors	_____	R. Partnership, S corp, LLC charitable contributions	_____
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corporation entities	_____	S. Other.....	_____
G. Rental activities by partnership, S corp, LLC	_____	T. Total Lines N through S	\$ _____
H. Other.....	_____		
I. Total Lines A through H	\$ _____		

SCHEDULE Y BUSINESS ALLOCATION FORMULA:

	a. Located Everywhere	b. Located in This Municipality	c. Percentage (b / a)
STEP 1: Average value of Real & Tang. Personal Property	_____	_____	
Gross Annual Rentals Paid Multiplied by 8	_____	_____	
Total Step 1	_____	_____	_____ %
STEP 2: Wages, Salaries, and Other Compensation Paid	_____	_____	_____ %
STEP 3: Gross Receipts from Sales Made and/or Work or Services Performed (see Instructions)	_____	_____	_____ %
STEP 4: Total Percentages			_____ %
STEP 5: Average Percentage (Divide Total Percentages only by the Number of Percentages Used)			Carry over to Page 1 _____