

FORM FOR USE OF ALL TAXPAYERS SUBJECT TO SYLVANIA INCOME TAX
 File this return with **PAYMENT** to the City of Sylvania, Division of Taxation, P.O. Box 510, Sylvania, OH 43560-0510.
 For any questions call: 419-885-8940 or visit our website www.cityofsylvania.com/tax.
IF NO PAYMENT IS DUE OR YOU ARE REQUESTING A REFUND send your tax return to City of Sylvania,
 Division of Taxation, 6730 Monroe St., Sylvania, OH 43560-1949 on or before April 15, 2008 or within 4 months
 after the close of a fiscal year period.

City of Sylvania Income Tax Return

2007

For Calendar Year ending December 31, 2007 or for the

_____ months ending _____
 Name & Address are as they appear on our records.
 Affix label or make necessary corrections.

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

Soc. Sec. No. _____
 Yours _____ Spouse _____
 Fed. ID No. _____ Tel. No. _____
 Do you own this property? _____ Name and
 Address of Landlord _____
 Will you have 2008 taxable income? _____ If not,
 please explain _____
 List change of address since 1/1/07. Date moved into
 Sylvania _____ Date moved out _____

A/C NO.

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 4. ()

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, 2007 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.

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

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 Z \$ _____

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, Column D)..... \$ _____
 (B) Estimated Tax Paid _____ Prior year overpayment \$ _____
 (C) Other city tax credit not to exceed 1 1/2% (.015) of taxed income (Line 1, Column F) \$ _____
 (D) Tax was paid to _____ (city) by _____ (partnership/S corp) \$ _____
 (E) Total Credits Allowable (Add 9A thru 9D) \$ _____

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..... \$ _____

ATTACH COPIES OF W-2's HERE

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.

Check the box next to your signature to authorize us to speak directly to your preparer regarding your tax return.

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

Name _____ SSN _____

			Primary	Secondary
Federal Returns 1065, 1120, 1120S COPIES OF K-1'S ARE REQUIRED.	ATTACH FEDERAL SCHEDULE	\$ _____	_____	_____
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 (Once minimum of \$9999.99 is reached total winnings are taxable)		\$ _____	_____	_____
Miscellaneous Income - income not reported elsewhere. ATTACH DOCUMENTATION Do not include interest, dividends, unemployment or retirement income.				
		\$ _____		

The net profits and losses sustained by a taxpayer from business activities subject to Sylvania Tax, other than from the taxpayer's principal source of income subject to Sylvania tax, shall be aggregated for each of the taxpayer's tax years.

If a taxpayer has multiple sources of income subject to Sylvania tax, the principal source of income is generally considered to be that source subject to Sylvania tax, which produces the highest dollar amount of income, either on a form W-2 or on the net profit as shown on various federal tax forms.

SCHEDULE X – RECONCILIATION

For use ONLY if ITEM is included on Lines 1 or 2, page 1.

Items Not Deductible	Items Not Taxable/Items Not Deductible on Federal Forms
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. Not Previously Deducted IRC Section 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. Other..... _____	T. Unreimbursed travel expense – reduce by 2% AGI (Attach Federal Forms 2106 and 1040 Schedule A) _____
I. Total items Not Deductible (Enter on Line 3, Page 1) \$ _____	Z. Total Items Not Taxable/Deductible on Federal Forms (Enter on Line 3, Page 1) \$ _____

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	_____	_____	_____ %	
STEP 4: Total Percentages			_____ %	
STEP 5: Average Percentage (Divide Total Percentages by the Number of Percentages Used)				Carry over to Page 1 _____