



# City of Sylvania

DIVISION OF TAXATION  
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[www.cityofsylvania.com/tax](http://www.cityofsylvania.com/tax)

## Determination of Tax Filing Requirement

The information contained on this form is necessary to determine whether a taxpayer is required to file a City of Sylvania income tax return. A response is required within five (5) days. Please correct name and address if needed.

Your name: \_\_\_\_\_ Your S.S.# \_\_\_\_\_  
Spouse name: \_\_\_\_\_ Spouse S.S.# \_\_\_\_\_  
Address: \_\_\_\_\_

Are you the homeowner? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, list name and address of homeowner:  
\_\_\_\_\_

Date moved to Sylvania \_\_\_\_\_ Telephone number \_\_\_\_\_

Please list your previous address \_\_\_\_\_

Have you ever lived in Sylvania before? \_\_\_\_\_ If so, show approximate date \_\_\_\_\_

If your last name was different, please provide this information \_\_\_\_\_

Employer name and location \_\_\_\_\_

Is city income tax withheld? \_\_\_\_\_ What city? \_\_\_\_\_

Unemployed \_\_\_\_\_ Retired \_\_\_\_\_ Permanent Disability \_\_\_\_\_

Spouse employer name and location \_\_\_\_\_

Is city income tax withheld? \_\_\_\_\_ What city? \_\_\_\_\_

Unemployed \_\_\_\_\_ Retired \_\_\_\_\_ Permanent Disability \_\_\_\_\_

Excluding interest & dividends, do you have any other taxable income on which there is no withholding?  
(Rental property, partnerships, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify type and location  
\_\_\_\_\_

If you or your spouse travel for an employer, please show approximate number of full work days spent  
outside of city of employment. Days per month: Self \_\_\_\_\_ Spouse \_\_\_\_\_

List any additional employed household members and their S.S.#: \_\_\_\_\_  
\_\_\_\_\_

I certify the above to be true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All information contained in the completed form is mandated "Confidential" by Chapter 171 of the Codified Ordinances of the City of Sylvania, Ohio.