

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, 2009 or within 4 months after the close of a fiscal year period.

2008 CITY OF SYLVANIA INCOME TAX RETURN

For Calendar Year ending December 31, 2008 or for the _____ months ending _____

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

TAX OFFICE USE ONLY

PAGE 1

RECEIVED _____

POSTED _____

Your Soc. Sec. No. _____

Spouse's Soc. Sec. No. _____

Fed. ID No. _____ Tel. No. _____

Do you own this property? _____

Name and Address of Landlord _____

Will you have 2009 taxable income? _____

If not, please explain _____

List change of address since 1/1/08. Date moved into Sylvania _____ Date moved out _____

Previous Address _____

Present Address _____

Phone _____

A/C NO.

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, 2008 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 from Page 2 of the tax return. **ATTACH COPIES OF ALL FEDERAL SCHEDULES**
 - (A) Primary source income..... \$ _____
 - (B) Secondary source income Husband _____ Wife _____ \$ _____
 - (C) Secondary source loss – must be carried forward..... Husband _____ 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 years (limited to 5 years)..... \$ _____
7. Adjusted net income subject to Sylvania income tax..... \$ _____
8. Sylvania income tax 1½% (.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 1½% (.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 1½% and interest of 1½%, 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 _____

Table with columns: Description, Primary, Secondary. Rows include Federal Returns 1065, 1120, 1120S, Schedule C, Schedule E Rental, Federal Schedule K-1 from Partnership income, Federal Schedule K-1 from S Corporation, Schedule F, Schedule 4797, Part II, Gross income from gaming, Miscellaneous 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.

Table with two columns: ITEMS NOT DEDUCTIBLE (A-G) and ITEMS NOT TAXABLE (N-Z). Each item has a corresponding dollar amount field.

SCHEDULE Y – BUSINESS ALLOCATION FORMULA:

Table for Business Allocation Formula with columns: a. Located Everywhere, b. Located in This Municipality, c. Percentage (b ÷ a). Rows include STEP 1 (Average value of Real & Tang. Personal Property), 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), and STEP 5 (Average Percentage).