

DIVISION OF TAXATION
CHRISTY M. GOLIS, COMMISSIONER
6730 MONROE STREET
SYLVANIA, OHIO 43560-1949
419-885-8940 FAX 419-885-3442
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:			
Address:		_	
Are you the homeowner? Yes1	No If n	o, list name and address of homeow	ner:
Date moved to Sylvania	Τ	elephone 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			
Employer name and location			
Is city income tax withheld?			
Unemployed Retired	Pern	nanent Disability	
Spouse employer name and location			
Is city income tax withheld?	What city	?	
Unemployed Retired	Pern	nanent Disability	
Excluding interest & dividends, do you (Rental property, partnerships, etc.) Ye			
If you or your spouse travel for an empoutside of city of employment. Days p			
List any additional employed househole	d members and	d their S.S.#:	
I certify the above to be true and correct	t.		
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.