

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 18, 2016 or within 4 months after the close of a fiscal year period.

2015 CITY OF SYLVANIA INCOME TAX RETURN

For Calendar Year ending December 31, 2015 or for the _____ months ending _____

Final Return Explain _____

Not Required to File Explain _____

Name: _____

Address: _____

TAX OFFICE USE ONLY

PAGE 1

RECEIVED _____

POSTED _____

Your Soc. Sec. No. _____

Spouse's Soc. Sec. No. _____

Fed. ID No. _____

Do you own this property? _____

Name and Address of Landlord _____

Will you have 2016 taxable income? _____

If not, please explain _____

List change of address since 1/1/15. Date moved into Sylvania _____ Date moved out _____

Previous Address _____

Present Address _____

Phone _____

A/C NO.

Enter number of FULL WORK DAYS spent outside city of employment on behalf of employer. 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, 2015 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. Do not include unemployment.

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 Husband _____ Wife _____ \$ _____
- (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 1.5% (.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 1.5% (.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 1.5% and interest of 1.5%, 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 less than \$10.00. Overpayments less than \$10.00 will be credited to the next tax year.
- (A) Credited to next year's tax..... \$ _____
- (B) Refunded..... \$ _____

ATTACH COPIES OF DOCUMENTATION 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 _____

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.

ATTACH PAGE 1 OF 1040

		Primary	Secondary
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 (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.			

		\$ _____	

SCHEDULE X RECONCILIATION – For use ONLY if ITEM is included on Lines 1 or 2, page 1.

ITEMS NOT DEDUCTIBLE

- A. Federally deducted losses from IRC 1221 or 1231 property dispositions \$ _____
- B. Five percent of intangible income reported in letter O, except that from IRC 1221 property dispositions..... \$ _____
- C. Federally deducted taxes based on income..... \$ _____
- D. Guaranteed payments or accruals to or for current or former partners or members..... \$ _____
- E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors..... \$ _____
- 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..... \$ _____
- G. Other \$ _____
- I. Total items Not Deductible (Enter on Line 3, Page 1)..... \$ _____

ITEMS NOT TAXABLE

- 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 \$ _____
- O. Federally reported intangible Income such as, but not limited to interest, dividends, and patent and copyright income..... \$ _____
- R. Partnership, S corp, LLC charitable contributions \$ _____
- S. Other \$ _____
- T. Unreimbursed travel expense – reduce by 2% AGI (**Attach Federal Forms 2106 and 1040 Schedule A**)... \$ _____
- 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 _____ %