



# 2017 CITY OF SYLVANIA INCOME TAX RETURN

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Final Return

I AM NOT REQUIRED TO COMPLETE THIS TAX RETURN BECAUSE: (Fill in box) SIGN AND REMIT FORM  
 ONLY INCOME FROM NONTAXABLE SOURCE, LIST: \_\_\_\_\_  
 UNEMPLOYMENT BENEFITS  
 FULL TIME STUDENT-NO EARNED INCOME  
 PERMANENT DISABILITY  
 TAXPAYER DECEASED PRIOR TO 1/1/2017, LIST DATE OF DEATH \_\_\_\_\_  
 FULLY RETIRED  
 ONLY INCOME IS FROM MILITARY ACTIVE DUTY OR RESERVE PAY

List change of address since 1/1/17.  
 Date moved into Sylvania \_\_\_\_\_ Date moved out \_\_\_\_\_  
 Previous address \_\_\_\_\_  
 Present Address \_\_\_\_\_

Will you have 2018 taxable income? \_\_\_\_\_  
 If not, please explain \_\_\_\_\_  
 Do you own this property? \_\_\_\_\_  
 Name & address of Landlord \_\_\_\_\_

- ATTACH W-2S AND FEDERAL FORM -

<b>1. Total wages from W-2's Worksheet (Page 2, Column J)</b> .....	1.	<input style="width: 100%;" type="text"/>
<b>2. Sylvania tax liability - Multiply Line 1 by 1.5% (.015)</b> .....	2.	<input style="width: 100%;" type="text"/>
<b>3. Credits</b>		
3a. Other city tax credit (Page 2, Column F) .....	3a.	<input style="width: 100%;" type="text"/>
3b. Sylvania tax withheld (Page 2, Column G) .....	3b.	<input style="width: 100%;" type="text"/>
3c. Estimated tax paid .....	3c.	<input style="width: 100%;" type="text"/>
3d. Prior year overpayment .....	3d.	<input style="width: 100%;" type="text"/>
3e. Total Credits - Total lines 3a, 3b, 3c, 3d .....	3e.	<input style="width: 100%;" type="text"/>
<b>4. Tax Due - Line 2 minus line 3e</b> .....	4.	<input style="width: 100%;" type="text"/>
<b>5. Fees</b>		
5a. Penalty for late filing \$25.00 per month or fraction thereof, not to exceed \$150.00. ....	5a.	<input style="width: 100%;" type="text"/>
5b. Penalty of 15% of balance on line 4 (line 4 x 0.15) .....	5b.	<input style="width: 100%;" type="text"/>
5c. Interest of 6% ANNUALLY (.50% per month) .....	5c.	<input style="width: 100%;" type="text"/>
5d. Total Fees - Total lines 5a, 5b, 5c .....	5d.	<input style="width: 100%;" type="text"/>
<b>6. Total Amount Due - Total lines 4, 5d. No payment due if line 6 is \$10.00 or less</b> .....	6.	<input style="width: 100%; border: 2px solid red;" type="text"/>
<b>7. Overpayment - No refunds will be given for amount \$10.00 or less.</b>		
7a. Credited to next year's tax.....	7a.	<input style="width: 100%;" type="text"/>
7b. Refunded .....	7b.	<input style="width: 100%;" type="text"/>

The undersigned declares that this return (and accompanying schedules) is a true, correct, and complete return for the taxable period stated.

Check this box 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 \_\_\_\_\_

# 2017

Name \_\_\_\_\_ Account number or SS# \_\_\_\_\_

Spouse \_\_\_\_\_ Account number or SS# \_\_\_\_\_

**Enter W-2 Information – Do not include long term disability, unemployment, retirement, active duty or reserve pay.**

A	B	C	D	E	F	G	H	I	J
Employer	Location where physically worked	City tax was withheld to	Qualifying wages - Box 5 on W-2	Other city tax withheld	Tax Credit Allowed for other cities - limited to 1.5%	Sylvania Tax Withheld	2106 - limited 2% AGI - Attach Federal Schedule A and 2106	Adjustments – Explain below	Total income after 2106 & adjustments (column D-H-I)
Totals			D		F	G			J

Explanation of adjustments - attach documentation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have other forms of income not reported on this return?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_