



2018 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 1/1/2018, LIST DATE OF DEATH _____
 FULLY RETIRED
 ONLY INCOME IS FROM MILITARY ACTIVE DUTY OR RESERVE PAY

List change of address since 1/1/18.
Date moved into Sylvania _____ Date moved out _____
Previous address _____
Present Address _____

Will you have 2019 taxable income? _____
If not, please explain _____
Do you own this property? _____
Name & address of Landlord _____

| | | |
|---|-----|----------------------|
| 1. Total wages from W-2's Worksheet (Page 2, Column I) | 1. | <input type="text"/> |
| 2. Sylvania tax liability - Multiply Line 1 by 1.5% (.015) | 2. | <input type="text"/> |
| 3. Credits | | |
| 3a. Other city tax credit (Page 2, Column F)..... | 3a. | <input type="text"/> |
| 3b. Sylvania tax withheld (Page 2, Column G)..... | 3b. | <input type="text"/> |
| 3c. Estimated tax paid..... | 3c. | <input type="text"/> |
| 3d. Prior year overpayment..... | 3d. | <input type="text"/> |
| 3e. Total Credits - Total lines 3a, 3b, 3c, 3d..... | 3e. | <input type="text"/> |
| 4. Tax Due - Line 2 minus line 3e | 4. | <input type="text"/> |
| 5. Fees | | |
| 5a. Penalty for late filing \$25.00 per month or fraction thereof, not to exceed \$150.00..... | 5a. | <input type="text"/> |
| 5b. Penalty of 15% of balance on line 4 (line 4 x 0.15)..... | 5b. | <input type="text"/> |
| 5c. Interest of 7% ANNUALLY (.583% per month)..... | 5c. | <input type="text"/> |
| 5d. Total Fees - Total lines 5a, 5b, 5c..... | 5d. | <input type="text"/> |
| 6. Total Amount Due - Total lines 4, 5d. No payment due if line 6 is \$10.00 or less | 6. | <input type="text"/> |
| 7. Overpayment - No refunds or credits will be given for amounts \$10.00 or less. | | |
| 7a. Credited to next year's tax..... | 7a. | <input type="text"/> |
| 7b. Refunded..... | 7b. | <input type="text"/> |

- ATTACH W-2'S AND FEDERAL FORM -

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 _____

2018

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 |
|----------|----------------------------------|--------------------------|---------------------------------|-------------------------|---|-----------------------|-----------------------------|---|
| 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 | Adjustments – Explain below | Total income after adjustments (column D-H) |
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| Totals | | | D | | F | G | | I |

Explanation of adjustments - attach documentation _____

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