

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, 2019 or within 4 months after the close of a fiscal year period.

2018 CITY OF SYLVANIA INCOME TAX RETURN

For Calendar Year ending December 31, 2018 or for the _____ months ending _____

Final Return Explain _____

Name: _____

Address: _____

TAX OFFICE USE ONLY

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 2019 taxable income? _____

If not, please explain _____

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

Previous Address _____

Present Address _____

Phone _____

A/C NO.

I AM NOT REQUIRED TO COMPLETE THIS TAX RETURN BECAUSE: (Fill in circle) 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

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, 2018 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. Other income (loss) from Federal Schedules C, E, F, K-I, 1099 Misc, W2G \$ _____
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 \$10.00 or less, no tax is due. \$ _____
11. (A) Penalty for late filing \$25.00 per month or fraction thereof, not to exceed \$150.00. For returns filed after the due date with a balance due on line 10, calculate:
 - (B) Penalty of 15% of balance on line 10 (line 10 x 0.15)
 - (C) Interest of 7% annually (.583% per month) \$ _____
12. Total Amount Due (Make check payable to the City of Sylvania) Check # _____ \$ _____
13. Overpayment (Line 8 Less Line 9E) No refunds or credits will be given for amounts \$10.00 or less.
 - (A) Credited to next year's tax..... \$ _____
 - (B) Refunded..... \$ _____

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 _____

ATTACH W-2'S PAGES 1 AND 2 OF 1040 AND FED SCH 1

NAME _____ SSN _____

ATTACH PAGE 1 OF 1040

- Federal Returns 1065, 1120, 1120S.....ATTACH FEDERAL FORM \$ _____
- Schedule C ATTACH FEDERAL SCHEDULE C \$ _____
- Schedule E Rental (See instructions, Line 2 for ATTACH FEDERAL SCHEDULE E \$ _____
the minimum gross monthly rental income)
- Federal Schedule K-1 from Partnership income (Schedule 1065)...ATTACH FEDERAL SCHEDULE E \$ _____
- Federal Schedule K-1 from S Corporation (Schedule 1120S) ATTACH FEDERAL SCHEDULE E \$ _____
- Schedule F ATTACH FEDERAL SCHEDULE F \$ _____
- Schedule 4797, Part II..... ATTACH FEDERAL SCHEDULE 4797 \$ _____
- Gross income from gaming, wagering, lotteries or schemes of chance \$ _____

Miscellaneous Income - income not reported elsewhere. **ATTACH DOCUMENTATION**

Do not include interest, dividends, unemployment or retirement income.

_____ \$ _____ **TOTAL \$** _____

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 \$ _____
- 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	_____	_____*	_____ %
* <input type="checkbox"/> SMALL EMPLOYER – ATTACH COPY OF PAGE 1 OF PRIOR YEAR FEDERAL RETURN			
STEP 3. Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____ %
STEP 4. Total Percentages (Add percentages from steps 1-3)			_____ %
STEP 5. Average Percentage (Divide Step 4 by the Number of Percentages Used)			_____ % <i>Carry over to Page 1</i>