



2019 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 1/1/2019, LIST DATE OF DEATH _____
 FULLY RETIRED
 ONLY INCOME IS FROM MILITARY ACTIVE DUTY OR RESERVE PAY

List change of address since 1/1/19.
Date moved into Sylvania _____ Date moved out _____
Previous address _____
Present Address _____

Will you have 2020 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.

2. Sylvania tax liability - Multiply Line 1 by 1.5% (.015)..... 2.

3. Credits

3a. Other city tax credit (Page 2, Column F)..... 3a.

3b. Sylvania tax withheld (Page 2, Column G)..... 3b.

3c. Estimated tax paid..... 3c.

3d. Prior year overpayment..... 3d.

3e. Total Credits - Total lines 3a, 3b, 3c, 3d..... 3e.

4. Tax Due - Line 2 minus line 3e..... 4.

5. Fees

5a. Penalty for late filing \$25.00 per month or fraction thereof, not to exceed \$150.00. 5a.

5b. Penalty of 15% of balance on line 4 (line 4 x 0.15) 5b.

5c. Interest of 7% ANNUALLY (.583% per month) 5c.

5d. Total Fees - Total lines 5a, 5b, 5c..... 5d.

6. Total Amount Due - Total lines 4, 5d. No payment due if line 6 is \$10.00 or less..... 6.

7. Overpayment - No refunds or credits will be given for amounts \$10.00 or less.

7a. Credited to next year's tax..... 7a.

7b. Refunded..... 7b.

- 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 _____

2019

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)
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 _____
