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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.	$0.00
	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.	$0.00
4.	**Tax Due - Line 2 minus line 3e**	4.	$0.00
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.	$0.00
	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 $0.00		F $0.00	G $0.00		I $0.00

Explanation of adjustments - attach documentation _____

Do you have other forms of income not reported on this return? ☐ Yes ☐ No

If yes, please explain _____