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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, 2020 or within 4 months after the close of a fiscal year period.

TAX OFFICE USE ONLY

RECEIVED _____

POSTED _____

2019 CITY OF SYLVANIA INCOME TAX RETURN

For Calendar Year ending December 31, 2019 or for the _____ months ending _____

☐ Final Return Explain _____

Name:

Address:

A/C NO.

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 2020 taxable income? _____
If not, please explain _____
List change of address since 1/1/19. Date moved into Sylvania _____ Date moved out _____
Previous Address _____
Present Address _____
Phone _____

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 1/1/2019, 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, 2019 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			0.00			

2. Other income (loss) from Federal Schedules C, E, F, K-I, 1099 Misc, W2G ..... $ 0.00
3. Adjustment from Schedule X (Page 2) add I ..... Deduct Z ..... $ 0.00
4. Total Income (Line 1 and/or 2 and 3) ..... $ _____
5. Amount allocable to Sylvania. If Schedule Y is used 0.0000% ..... $ _____
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. ..... $ 0.00
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 # _____ ..... $ 0.00
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 ..... $ 0.00
    - (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 the minimum gross monthly rental income) ..... ATTACH FEDERAL SCHEDULE E ..... $ _____

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** $ 0.00

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			0.0000%
STEP 2. Wages, Salaries, and Other Compensation Paid		*	0.0000%

*☐ **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			0.0000%
STEP 4. Total Percentages (Add percentages from steps 1-3)			0.0000%
STEP 5. Average Percentage *(Divide Step 4 by the Number of Percentages Used)* ..... *Carry over to Page 1*			0.0000%