



DIVISION OF TAXATION
CHRISTY M. GOLIS, COMMISSIONER
6730 MONROE STREET
SYLVANIA, OHIO 43560-1949
419-885-8940 FAX 419-885-3442
www.cityofsylvania.com/tax

Determination of Tax Filing Requirement

The information contained on this form is necessary to determine whether a taxpayer is required to file a City of Sylvania income tax return. A response is required within five (5) days. Please correct name and address if needed.

Your name: _____ Your S.S.# _____
Spouse name: _____ Spouse S.S.# _____
Address: _____ email _____

Are you the homeowner? Yes _____ No _____ If no, list name and address of homeowner:

Date moved to Sylvania _____ Telephone number _____
Please list your previous address _____
Have you ever lived in Sylvania before? _____ If so, show approximate date _____
If your last name was different, please provide this information _____

Employer name and location _____
Is city income tax withheld? _____ What city? _____
Unemployed _____ Retired _____ Permanent Disability _____

Spouse employer name and location _____
Is city income tax withheld? _____ What city? _____
Unemployed _____ Retired _____ Permanent Disability _____

Excluding interest & dividends, do you have any other taxable income on which there is no withholding?
(Rental property, partnerships, etc.) Yes _____ No _____ If yes, please specify type and location

If you or your spouse travel for an employer, please show approximate number of full work days spent
outside of city of employment. Days per month: Self _____ Spouse _____

List any additional employed household members and their S.S.#: _____

I certify the above to be true and correct.

Signature Date Signature Date

All information contained in the completed form is mandated "Confidential" by Chapter 171 of the Codified Ordinances of the City of Sylvania, Ohio.