



# 2023 CITY OF SYLVANIA INCOME TAX RETURN

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 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 1/1/2023, LIST DATE OF DEATH \_\_\_\_\_

FULLY RETIRED DATE OF RETIREMENT \_\_\_\_\_

ONLY INCOME IS FROM MILITARY ACTIVE DUTY OR RESERVE PAY

List change of address since 1/1/23.

Date moved into Sylvania \_\_\_\_\_ Date moved out \_\_\_\_\_

Previous address \_\_\_\_\_

Present Address \_\_\_\_\_

Will you have 2024 taxable income? \_\_\_\_\_

If not, please explain \_\_\_\_\_

Do you own this property? \_\_\_\_\_

Name & address of Landlord \_\_\_\_\_

<b>1. Total wages from W-2's Worksheet (Page 2, Column H)</b> .....	1.	<input type="text"/>
<b>2. Sylvania tax liability - Multiply Line 1 by 1.5% (.015)</b> .....	2.	<input type="text"/>
<b>3. Credits</b>		
3a. Other city tax credit (Page 2, Column F) .....	3a.	<input type="text"/>
3b. Sylvania tax withheld (Page 2, Column G) .....	3b.	<input type="text"/>
3c. Estimated tax paid .....	3c.	<input type="text"/>
3d. Prior year overpayment .....	3d.	<input type="text"/>
3e. Total Credits - Total lines 3a, 3b, 3c, 3d .....	3e.	<input type="text"/>
<b>4. Tax Due - Line 2 minus line 3e</b> .....	4.	<input type="text"/>
<b>5. Fees</b>		
5a. Penalty for late filing \$25.00. ....	5a.	<input type="text"/>
5b. Penalty of 15% of balance on line 4 (line 4 x 0.15) .....	5b.	<input type="text"/>
5c. Interest of 10% ANNUALLY (0.83% per month) .....	5c.	<input type="text"/>
5d. Total Fees - Total lines 5a, 5b, 5c .....	5d.	<input type="text"/>
<b>6. Total Amount Due - Total lines 4, 5d. No payment due if line 6 is \$10.00 or less</b> .....	6.	<input type="text"/>
<b>7. Overpayment - No refunds or credits will be given for amounts \$10.00 or less.</b>		
7a. Credited to next year's tax .....	7a.	<input type="text"/>
7b. Refunded .....	7b.	<input type="text"/>

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 \_\_\_\_\_

- ATTACH W-2'S, FEDERAL RETURN PAGES 1-2, SCHEDULE 1, FEDERAL EXTENSION -

# 2023

Name \_\_\_\_\_ Account number or SS# \_\_\_\_\_

Spouse \_\_\_\_\_ Account number or SS# \_\_\_\_\_

**Please check the box next to any employers for which you were a remote employee working from home.**

**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
Employer	Address of physical work location	City tax was withheld to	Taxed wages - Box 18 on W-2	Other city tax withheld	Tax Credit Allowed for other cities - limited to 1.5%	Sylvania Tax Withheld	Qualifying Wages (Greater of box 5 or 18)
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Totals					F	G	H

Explanation of adjustments - attach documentation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have other forms of income not reported on this return?  Yes  No  
 If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_