2025 CITY OF SYLVANIA INCOME TAX RETURN DUE APRIL 15, 2026

Name:
SSN:
Spouse Name:
SSN:
Address:
Email:
Phone:
☐ 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: _____
☐ UNDER 18 FOR THE ENTIRE TAX YEAR – BIRTHDATE _____
☐ UNEMPLOYMENT BENEFITS
☐ FULL TIME STUDENT-NO EARNED INCOME
☐ PERMANENT DISABILITY
☐ TAXPAYER DECEASED PRIOR TO 1/1/2025, LIST DATE OF DEATH _____
☐ FULLY RETIRED – DATE OF RETIREMENT _____
☐ ONLY INCOME IS FROM MILITARY ACTIVE DUTY OR RESERVE PAY

List change of address since 1/1/25.
Date moved into Sylvania _____ Date moved out _____
Previous address _____
Present Address _____

Will you have 2026 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 H)**	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 - If filed after due date ☐ Federal Extension filed (must attach a copy)**		
	5a. Penalty for late filing $25.00.	5a.	
	5b. Penalty of 15% of balance on line 4 (line 4 x 0.15)	5b.	
	5c. Interest of 9% ANNUALLY (0.75% 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.	

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 –

2025

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	Qualitying 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 _____