

## 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](http://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, 2026 or within 4 months after the close of a fiscal year period.

## 2025 CITY OF SYLVANIA INCOME TAX RETURN

For Calendar Year ending December 31, 2025 or for the \_\_\_\_\_ months ending \_\_\_\_\_

☐ Final Return Explain \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

## A/C NO. \_\_\_\_\_

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 1/1/2025, LIST DATE OF DEATH \_\_\_\_\_☐ FULLY RETIRED☐ ONLY INCOME IS FROM MILITARY ACTIVE DUTY OR RESERVE PAY☐ UNDER 18 FOR ENTIRE TAX YEAR - BIRTHDATE \_\_\_\_\_

Enter number of FULL WORK DAYS spent outside city of employment on behalf of employer. \_\_\_\_\_

Did you work at home as a remote employee? ☐ YES ☐ NO (See 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, 2025 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<br>PRINT EMPLOYER'S NAME | B<br>LOCATION WORK<br>WAS PERFORMED | C<br>TAX WAS PAID<br>TO WHAT CITY | D<br>SYLVANIA TAX<br>WITHHELD | E<br>OTHER CITY<br>TAX WITHHELD | F<br>TAX CREDIT ALLOWED<br>FOR OTHER CITIES | G<br>QUALIFYING<br>WAGES, ETC. |
|----------------------------|-------------------------------------|-----------------------------------|-------------------------------|---------------------------------|---|--------------------------------|
|                            |                                     |                                   | \$                            | \$                              | \$  | \$                             |
|                            |                                     |                                   |                               |                                 |   |                                |
|                            |                                     |                                   |                               |                                 |   |                                |
|                            |                                     |                                   |                               |                                 |   |                                |
|                            |                                     |                                   |                               |                                 |   |                                |

1. TOTAL - IF NO OTHER TAXABLE INCOME COMPUTE YOUR TAX ON LINE 8

|     |  |    |  |
|-----|--|----|--|
| 2.  | Other income (loss) from Federal Schedules C, E, F, 1099 MISC/NEC, W2G, 1099C .....                      | \$ |  |
| 3.  | Adjustment from Schedule X (Page 2) add I ..... Deduct Z .....   | \$ |  |
| 4.  | Total Income (Line 1 and/or 2 and 3).....  | \$ |  |
| 5.  | Less allocable Sylvania net loss from previous years (limited to 5 years/ORC 718) .....                  | \$ |  |
| 6.  | Amount allocable to Sylvania. If Schedule Y is used _____ % .....  | \$ |  |
| 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. ....                          | \$ |  |
| 11. | Fees - If filed after the due date <input type="checkbox"/> Federal Extension filed (must attach a copy) |    |  |
|     | (A) Penalty for late filing \$25.00.....   | \$ |  |
|     | (B) Penalty of 15% of balance on line 10 (line 10 x 0.15)..  | \$ |  |
|     | (C) Interest of 9% annually (.75% per month).....  | \$ |  |
|     | Total Fees (Add lines 11A thru 11C)  | \$ |  |
| 12. | Total Amount Due (Make check payable to the City of Sylvania) Check # .....                              | \$ |  |
| 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.....   | \$ |  |
|     | (B) Refunded.....  | \$ |  |

The failure of any employer, taxpayer or person to receive or procure a return, declaration or other required form shall not excuse them 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

## TAX OFFICE USE ONLY

PAGE 1

RECEIVED \_\_\_\_\_ POSTED \_\_\_\_\_

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 2026 taxable income? \_\_\_\_\_

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

List change of address since 1/1/25. Date moved into

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

Previous Address \_\_\_\_\_

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

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

NAME \_\_\_\_\_ SSN \_\_\_\_\_

**ATTACH PAGE 1 AND 2 OF 1040**

Federal Returns 1065, 1120, 1120S ..... ATTACH FEDERAL FORM ..... \$ \_\_\_\_\_

Schedule C ..... ATTACH FEDERAL SCHEDULE C ..... \$ \_\_\_\_\_

Schedule E Rental (See instructions, Line 2 for ..... ATTACH FEDERAL SCHEDULE E ..... \$ \_\_\_\_\_  
the minimum gross monthly rental income)

Federal Schedule E Partnership income ..... ATTACH FEDERAL SCHEDULE E ..... \$ \_\_\_\_\_

Federal Schedule E S Corporation ..... 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 \$** \_\_\_\_\_

**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<br>Everywhere | b. Located in<br>This Municipality | c. Percentage<br>(b ÷ a) |
|---|--------------------------|------------------------------------|--------------------------|
| STEP 1. Average value of Real & Tang. Personal Property .....   | _____                    | _____                              |                          |
| Gross Annual Rentals Paid Multiplied by 8 .....   | _____                    | _____                              |                          |
| Total Step 1 .....  | _____                    | _____                              | _____ %                  |
| STEP 2. Wages, Salaries, and Other Compensation Paid .....  | _____                    | _____*                             | _____ %                  |
| <b>* <input type="checkbox"/> SMALL EMPLOYER – ATTACH COPY OF PAGE 1 OF PRIOR YEAR FEDERAL RETURN</b> |                          |                                    |                          |
| STEP 3. Gross Receipts from Sales Made and/or Work or Services Performed .....                        | _____                    | _____                              | _____ %                  |
| STEP 4. Total Percentages (Add percentages from steps 1-3) .....                                      |                          |                                    | _____ %                  |
| STEP 5. Average Percentage (Divide Step 4 by the Number of Percentages Used) .....                    |                          |                                    | _____ %                  |

Carry over to Page 1