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2014 CITY OF SYLVANIA INCOME TAX RETURN

Name:
Address:
Final Return
Not Required to File Explain _____

Spouse Name:
Address:
Final Return
Not Required to File Explain _____

Soc. Sec. No. _____ Phone number _____
List change of address since 1/1/14.
Date moved into Sylvania _____ Date moved out _____
Previous address _____
Present Address _____
Will you have 2015 taxable income? _____
If not, please explain _____
Do you own this property? _____
Name & address of Landlord _____

Soc. Sec. No. _____ Phone number _____
List change of address since 1/1/14.
Date moved into Sylvania _____ Date moved out _____
Previous address _____
Present Address _____
Will you have 2015 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 J) ..... 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. $0.00

5. Fees

5a. Penalty for late filing even when no tax is due. $25.00 ..... 5a.

5b. Penalty of 1.5% per month on the unpaid tax balance ..... 5b.

5c. Interest of 1.5% per month on the unpaid tax balance ..... 5c.

5d. Total Fees - Total lines 5a, 5b, 5c ..... 5d.

6. Total Amount Due - Total lines 4, 5d ..... 6.

7. Overpayment - No refunds will be given for amount less than $10.00. Overpayments less than $10.00 will be credited to the next tax year.

7a. Credited to next year's tax. ..... 7a.

7b. Refunded ..... 7b.

– ATTACH W-2S AND SCHEDULES HERE –

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

2014

Name _____ Account number or SS# _____

Spouse _____ Account number or SS# _____

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	I	J
Employer	Location where physically worked	City tax was withheld to	Qualifying wages - Box 5 on W-2	Other city tax withheld	Tax Credit Allowed for other cities - limited to 1.5%	Sylvania Tax Withheld	2106 - limited 2% AGI - Attach Federal Schedule A and 2106	Adjustments – Explain below	Total income after 2106 & adjustments (column D-H-I)
Totals			D		F	G			J

Explanation of adjustments - attach documentation _____

Do you have other forms of income not reported on this return? ☐ Yes ☐ No

If yes, please explain _____