



2020 CITY OF SYLVANIA INCOME TAX RETURN

Name:
SSN:
Spouse Name:
SSN:
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 1/1/2020, LIST DATE OF DEATH _____
 FULLY RETIRED
 ONLY INCOME IS FROM MILITARY ACTIVE DUTY OR RESERVE PAY

List change of address since 1/1/20.
Date moved into Sylvania _____ Date moved out _____
Previous address _____
Present Address _____

Will you have 2021 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 I)	1.	<input type="text"/>
2. Sylvania tax liability - Multiply Line 1 by 1.5% (.015)	2.	<input type="text"/>
3. Credits		
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"/>
4. Tax Due - Line 2 minus line 3e	4.	<input type="text"/>
5. Fees		
5a. Penalty for late filing \$25.00 per month or fraction thereof, not to exceed \$150.00.....	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 5% ANNUALLY (.417% per month).....	5c.	<input type="text"/>
5d. Total Fees - Total lines 5a, 5b, 5c.....	5d.	<input type="text"/>
6. Total Amount Due - Total lines 4, 5d. No payment due if line 6 is \$10.00 or less	6.	<input type="text"/>
7. Overpayment - No refunds or credits will be given for amounts \$10.00 or less.		
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 AND FEDERAL FORM -

