

File with
INCOME TAX DEPARTMENT
135 E. OHIO AVE.
SEBRING, OHIO 44672
Make Checks and Money Orders
Payable to:
SEBRING INCOME TAX

SEBRING INCOME TAX RETURN

DUE ON OR BEFORE APRIL 15

YEAR

or

Fiscal Period _____ to _____

FISCAL and PARTIAL YEARS FILE
WITHIN 105 DAYS AFTER END OF PERIOD

PAID WITH THIS RETURN
DATE PD. _____ \$
CASH CHECK M.O.
Resident Non-Resident Part Year Resident
Moved into Sebring on _____ DATE
Moved from Sebring on _____ DATE
If you rent, please give name and address of landlord.
NAME _____
ADDRESS _____

Name(s), Address

SOCIAL SECURITY # (H)
SOCIAL SECURITY # (W)
FEDERAL ID #

"The highest dollar amount on the W2 is the taxable amount" (Look at box 5 or 18 on the W2)

Table with 5 columns: EMPLOYER'S NAME, CITY WHERE EMPLOYED, SEBRING TAX WITHHELD, TAX PAID OTHER CITY, GROSS WAGES. Includes a box for W-2's & 1099'S FOR WAGES MUST BE ATTACHED.

** IF W-2 AND 1099 WAGES ARE YOUR ONLY SOURCE OF INCOME, DISREGARD LINES 5 THROUGH 13 AND COMPUTE YOUR TAX ON LINE 14 **

5. TOTAL GROSS WAGES (LINE 4)
6. OTHER INCOME (ATTACH COPY OF FEDERAL RETURN & SCHEDULES)
7. ITEMS NOT DEDUCTIBLE (FROM LINE F, SCHEDULE X ON BACK OF FORM)
8. SUBTOTAL (ADD LINES 6 & 7)
9. ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X ON BACK OF FORM)
10. SUBTOTAL (SUBTRACT LINE 9 FROM LINE 8)
11. AMOUNT () % OF LINE 10 ALLOCABLE TO SEBRING (BUSINESS ONLY - USE SCHEDULE Y)
12. TOTAL OTHER INCOME (LINE 10 OR LINE 11 IF ALLOCATING INCOME)
13. ADJUSTED NET INCOME SUBJECT TO SEBRING TAX. (ADD LINES 5 AND 12)

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S
14. Sebring Income Tax - Multiply Line 13 by 2% (.020), OR LINE 4 IF W-2 AND 1099 INCOME ONLY
15. Sebring Tax withheld by employer(s) (Line 2)
16. Payments on current Declaration of Estimated Tax / And/or Credit from previous year.
17. Tax Paid other City (Limit 2% for each location)
18. Total Credits Allowable (Add Lines 15,16,17)
19. Balance of Tax Due (Line 14 less Line 18)
20. RETURNS FILED AFTER APRIL 15 ARE SUBJECT TO A LATE FILING FEE OF \$20.00 and shall be assessed additional penalty & interest on unpaid balances
21. TOTAL AMOUNT DUE (ADD LINES 19 & 20) - PAYMENT IN FULL MUST ACCOMPANY THIS RETURN
22. OVERPAYMENT TO BE REFUNDED \$ OR CREDITED \$ TO NEXT YEAR'S ESTIMATE TAX DUE - PAY THIS AMOUNT

MANDATORY DECLARATION OF ESTIMATED TAX FOR YEAR (if estimated tax is in excess of \$100.00)

1. ESTIMATED TOTAL TAXABLE INCOME FOR YEAR (Gross Income)
2. ESTIMATED TAX DUE (2% OF LINE 1)
3. LESS SEBRING TAX TO BE WITHHELD AND/OR PAID TO ANOTHER CITY
4. BALANCE OF ESTIMATED SEBRING TAX DUE (Line 2 less Line 3)
5. CREDITS:
A. OVER PAYMENTS CLAIMED ON PREVIOUS YEAR'S RETURN
B. TOTAL CREDITS
6. NET TAX DUE (LINE 4 LESS LINE 5) - ATTACH CHECK FOR AT LEAST 25%.

NO PAYMENT DUE OR REFUND ISSUED IF UNDER \$1.00

The undersigned declares that this return and accompanying schedules is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.
By checking this box, I (We) authorize the preparer of the tax return to communicate directly with the Sebring Income Tax Department in matters pertaining to this return.

Signature of Person Preparing if Other Than Taxpayer Date Signature of Taxpayer Date
Address Signature of Spouse Date

