Rev. 12/2013 Laser

Name(s), Address

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

Fiscal Period. to

DATE PD. **DUE ON OR BEFORE APRIL 15** □ CASH □ CHECK M.O.□ YEAR ☐ Part Year Resident ☐ Resident ☐ Non-Resident FISCAL and PARTIAL YEARS FILE WITHIN 105 DAYS AFTER END OF PERIOD Moved into Sebring on_ Moved from Sebring on_ If you rent, please give name and address of landlord.

PAID WITH THIS RETURN

				SOCIAL SECURITY # (W)	NAME	
		ADDRESS				
				FEDERAL ID #	_	
1						
				`		
Г	"The highest dollar amount on the W2 is the 1. ENTER YOUR TOTAL WAGES, SALARIES, TIPS AN	•	(5 or 18 on the W 2)		
ŀ	EMPLOYER'S NAME	CITY WHERE EMPLOYED	SEBRING TAX TAX PAID GROS			W-2's
-	LIVIT EGTER GIVANIE	GITT WILKE EMPLOTED	WITHHELD	OTHER CITY	WAGES	&
			\$	\$	\$	1099'S FOR WAGES
-						MUST BE
-						ATTACHED
	TOTALS		2. \$	3. \$	4. \$	
	* * IF W-2 AND 1099 WAGES ARE YOUR ONLY SOURCE OF IN	COME, DISREGARD LINES 5 THROUGH 1	3 AND COMPUTE YOUR TA	AX ON LINE 14 * *		
	5. TOTAL GROSS WAGES (LINE 4)					\$
	6. OTHER INCOME (ATTACH COPY OF FEDERAL RE					
	7. ITEMS NOT DEDUCTIBLE (FROM LINE F, SCHEDU	,				
	8. SUBTOTAL (ADD LINES 6 & 7)		*			
	9. ITEMS NOT TAXABLE (FROM LINE L SCHEDULE)	, and the second	*			
	10. SUBTOTAL (SUBTRACT LINE 9 FROM LINE 8)	SEBRING (BUSINESS ONLY - USE			_	
	, ,	· ·	,		_	•
	12. TOTAL OTHER INCOME (LINE 10 OR LINE 11 IF					
	13. ADJUSTED NET INCOME SUBJECT TO SEBRING					
\sim	14. Sebring Income Tax - Multiply Line 13 by 2% (.020)					\$
С -	15. Sebring Tax withheld by employer(s) (Line 2)					
K	16. Payments on current Declaration of Estimated Tax					
E	17. Tax Paid other City (Limit 2% for each location)		Φ.			
D	18. Total Credits Allowable (Add Lines 15,16,17)					D
I	19. Balance of Tax Due (Line 14 less Line 18)		5			
т	20. RETURNS FILED AFTER APRIL 15 ARE SUBJECT	st on unpaid balances	<u> </u>			
S	21. TOTAL AMOUNT DUE (ADD LINES 19 & 20) - PA		\$			
J	22. OVERPAYMENT TO BE REFUNDED \$		UE - PAY THIS AMOUNT			
_						
	MANDATORY DECLARATION OF E	STIMATED TAX FOR YE	EAR	(if estimated tax i	s in excess of \$100.00)	
	1. ESTIMATED TOTAL TAXABLE INCOME FO					\$
	2. ESTIMATED TAX DUE (2% OF LINE 1)					
	3. LESS SEBRING TAX TO BE WITHHELD AN					
	4. BALANCE OF ESTIMATED SEBRING TAX I					
		70L (LINE 2 1633 LINE 0)			(4.)	
	5. CREDITS:	ON DDEVIOUS VEASIS SET IS	NI ¢			
	A. OVER PAYMENTS CLAIMED C		•		/= x - (2
	B. TOTAL CREDITS					
	6. NET TAX DUE (LINE 4 LESS LINE 5) - ATT	(6.)	Þ			

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 \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
			<u> </u>
Address		Signature of Spouse	Date

IF BUSINESS WAS ACQUIRED NAME AND ADDRESS OF OLD NAME AND ADDRESS				INCOM	E TAX PUI		SE GIVE SUCH	A DIFFERENT NAM HNAME AND EXPLA NECESSARY.	
4 TOTAL DECEMBER LESS AL		C - PROFIT (=					N	
1. TOTAL RECEIPTS, LESS AL									
LESS Cost of Labor \$ GROSS PROFIT FROM SAL									
4. DIVIDENDS \$; IN									
5. RENTS RECEIVED, IF CONI									
6. OTHER BUSINESS INCOME									
7. TOTAL BUSINESS INCOME	, ,								
	DEL GIVE DEDGG HOLIG		BUSINESS DE						
Advertising and Promotion					_	artners			
9. Auto, truck and travel				•					
10. Bad Debts				15. Deprecia	tion, Amor	tization			
11. Repairs				16. Rents					
12. Interest on Business indebte	edness			17. Other					
13. a. Income taxes on business	s			18. Total (Lir	es 8 thru	17)		\$	\$
b. Other business taxes				19. Net Profi	or Loss fr	rom business or	Profession	\$	
14. a. Compensation of Officers	3	<u></u>		(Line	7 less Lin	e 18)			
b. Salaries and Wages									
SCHEDUL	E E - INCOME FR	OM RENTS (If no	ot Included in So	hedule C)	Attach	copy of Sch	edule E		
Kind & location of p	property	Amount of Rent	Depreciation	Rep	pairs	Other Expen	ses Net Inc	ome (or loss)	
					тот	TAL RENTAL I	NCOME (If Lo	oss, enter "0") ^{\$}	
COLIFUELE II INCOM		DOLUBO FOTAT	FC % TRUCTO	LOTTEDY	FFFC			ala ala III	
SCHEUDLE H - INCOM		KSHIPS, ESTAT	·		FEES,	ETC. Attacr	.,		
Received From For (des			For (descri	ribe) Amount				unt	
					-			\$	
		AL SCHEDULES							
ITEMS NOT DEDUC	EDULE X - RECOI CTIBLE	NCILIATION WIT	ADD			JKN T TAXABLE			DEDUCT
A. Capital Losses (From Federal S	Schedule D)		\$	G. Capital (Bains (Fro	m Federal Sche	dule)		
B. Income Taxes (Federal, State 8	& Municipal)			H. Interest I	ncome		· · · · · · · · · - —		
C. Payments to Partners or Comp	ensation of Officers			I. Dividends			<u> </u>		
Sub Chapter S Corporation				J. Income from Patents and Copyrights					
D. Contributions				K. Other (E.	XPLAIN) .		· · · · · · · · · · · · · · · · · · ·		
E. Other (EXPLAIN)									
F. Total Additions (enter as Line 7	7 page 1)		····	L. Total Dec	ductions (e	enter as Line 9 p	age 1)	\$	
SCHEDULE Y - BUSINES	SS APPORTIONM	ENT FORMULA	a. Located Everyw	vhere t	. Located	in Sebring	c. Percentage	e (b - a)	
STEP 1.Original Cost of Real & Ta	angible Personal Propert	V							
Gross Annual Rentals Pa									
TOTAL STEP 1								%	
STEP 2. Gross Receipts From Sa	les and Work or Service	es Performed						%	
STEP 3. Wages, Salaries, Etc. Pa								%	
4. Total Percentages								%	
5. Average Percentage (Div	vide Total Percentages b	y Number of Percenta	ges Used (Enter on I	ine 11 page 1)					%
SCHEDULE Z - PARTNE	RS' DISTRIBUTIV	E SHARES OF I	NET INCOME		ributive sh	ares 4. C	ther Payments	5. Taxable	6. Amount Taxable
Name of each partner	2. Address			Percent	f Partners Am	ount		Percentage	
(a)					\$	\$			\$
(b)									
(c)									
(d)									
TOTALS				100	\$			xxxxxxxxxxxxxx	