

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 18

TAX YEAR 2015

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)

C
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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 18 ARE SUBJECT TO A LATE FILING FEE 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 \$200.00)

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

IF BUSINESS WAS ACQUIRED OR TERMINATED IN THIS TAX YEAR GIVE THE DATE _____ NAME AND ADDRESS OF OLD OR NEW OWNERS - UNDERSCORE WHICHEVER IS APPLICABLE NAME AND ADDRESS _____ NEW OWNERS _____ OLD OWNERS _____ _____ _____	IF YOU HAVE PREVIOUSLY FILED UNDER A DIFFERENT NAME FOR SEBRING INCOME TAX PURPOSES, PLEASE GIVE SUCH NAME AND EXPLANATION BELOW. USE SPACE BELOW FOR ANY EXPLANATION NECESSARY. _____ _____
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**SCHEDULE C - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION**

1. TOTAL RECEIPTS, LESS ALL ALLOWANCES, REBATES AND RETURNS ..... \$ \_\_\_\_\_

2. LESS Cost of Labor \$ \_\_\_\_\_ Material, supplies and other costs ..... \$ \_\_\_\_\_

3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2) ..... \$ \_\_\_\_\_

4. DIVIDENDS \$ \_\_\_\_\_; INTEREST \$ \_\_\_\_\_; ROYALTIES \$ \_\_\_\_\_

5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS .....

6. OTHER BUSINESS INCOME (specify) .....

7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS (total of lines 3 to 6) ..... \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

8. Advertising and Promotion ..... \$ _____ 9. Auto, truck and travel ..... 10. Bad Debts ..... 11. Repairs ..... 12. Interest on Business indebtedness ..... 13. a. Income taxes on business ..... b. Other business taxes ..... 14. a. Compensation of Officers ..... b. Salaries and Wages .....	c. Payment to Partners ..... d. Commissions ..... 15. Depreciation, Amortization ..... 16. Rents ..... 17. Other ..... 18. Total (Lines 8 thru 17) ..... \$ _____ 19. Net Profit or Loss from business or Profession ..... \$ _____ (Line 7 less Line 18)
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**SCHEDULE E - INCOME FROM RENTS (If not Included in Schedule C) Attach copy of Schedule E**

Kind & location of property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or loss)

TOTAL RENTAL INCOME (If Loss, enter "0") \$ \_\_\_\_\_

**SCHEDULE H - INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, LOTTERY, FEES, ETC. Attach copy of Schedule H**

Received From	For (describe)	Amount

TOTAL OTHER INCOME ..... \$ \_\_\_\_\_

TOTAL SCHEDULES C E & H ..... ENTER AS LINE (6) Page 1 ..... \$ \_\_\_\_\_

**SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (From Federal Schedule D) ..... \$ _____		G. Capital Gains (From Federal Schedule) ..... \$ _____	
B. Income Taxes (Federal, State & Municipal) .....		H. Interest Income .....	
C. Payments to Partners or Compensation of Officers, Sub Chapter S Corporation .....		I. Dividends .....	
D. Contributions .....		J. Income from Patents and Copyrights .....	
E. Other (EXPLAIN) .....		K. Other (EXPLAIN) .....	
F. Total Additions (enter as Line 7 page 1) .....		L. Total Deductions (enter as Line 9 page 1) ..... \$ _____	

**SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA**

	a. Located Everywhere	b. Located in Sebring	c. Percentage (b - a)
STEP 1. Original Cost of Real & Tangible Personal Property .....	_____	_____	_____
Gross Annual Rentals Paid Multiplied by 8 .....	_____	_____	_____ %
TOTAL STEP 1 .....	_____	_____	_____ %
STEP 2. Gross Receipts From Sales and Work or Services Performed .....	_____	_____	_____ %
STEP 3. Wages, Salaries, Etc. Paid .....	_____	_____	_____ %
4. Total Percentages .....	_____	_____	_____ %
5. Average Percentage (Divide Total Percentages by Number of Percentages Used (Enter on line 11 page 1) .....	_____	_____	_____ %

**SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME**

1. Name of each partner	2. Address	3. Distributive shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Percent	Amount			
(a)			\$ _____	\$ _____		\$ _____
(b)						
(c)						
(d)						
<b>TOTALS</b>		100	\$ _____		xxxxxxxxxxxxxxxx	