

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 30

PAID WITH THIS RETURN

DATE PD. _____ \$ _____
 CASH CHECK M.O.

Check your status as a taxpayer
 -EMPLOYEE PROFESSIONAL
 PROPRIETOR PARTNER
 CORPORATION OTHER
 RETIRED WITH ONLY NON-TAXABLE INCOME
 Date Retired _____
 ONLY INCOME FROM NON-TAXABLE SOURCE.
 List Source _____

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 _____

YEAR
 or

Fiscal Period _____ to _____
FISCAL and PARTIAL YEARS FILE
WITHIN 120 DAYS AFTER END OF PERIOD

IF ADDRESS IS INCORRECT PLEASE MAKE CORRECTION

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

** IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES, FILL IN THIS SECTION AND THE LOWER SECTION OUTLINED IN GREEN **

1. ENTER YOUR TOTAL COMPENSATION BEFORE ANY PAYROLL DEDUCTIONS					W-2's & 1099'S FOR WAGES MUST BE ATTACHED
EMPLOYER'S NAME	CITY WHERE EMPLOYED	SEBRING TAX WITHHELD	TAX PAID OTHER CITY	GROSS WAGES	
		\$	\$	\$	
TOTALS		2. \$	3. \$	4. \$	

** 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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14. Sebring Income Tax - Multiply Line 13 by 1 1/2 % (.015), 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 \$ _____

17. Tax Paid other City (Limit 1 1/2% for each W-2) \$ _____

18. Total Credits Allowable (Add Lines 15,16,17) \$ _____

19. Balance of Tax Due (Line 14 less Line 18) \$ _____

20. RETURNS FILED AFTER APRIL 30th ARE SUBJECT TO A LATE FILING FEE OF \$20.00 \$ _____

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

DECLARATION OF ESTIMATED TAX FOR YEAR _____

1. ESTIMATED TOTAL TAXABLE INCOME FOR YEAR (Gross Income) (1.) \$ _____

2. ESTIMATED TAX DUE (1 1/2% OF LINE 1) (2.) \$ _____

3. LESS SEBRING TAX TO BE WITHHELD AND/OR PAID TO ANOTHER CITY (3.) \$ _____

4. BALANCE OF ESTIMATED SEBRING TAX DUE (Line 2 less Line 3) (4.) \$ _____

5. CREDITS:

A. OVER PAYMENTS CLAIMED ON PREVIOUS YEAR'S RETURN \$ _____

B. TOTAL CREDITS (5.) \$ _____

6. NET TAX DUE (LINE 4 LESS LINE 5) - **ATTACH CHECK FOR AT LEAST 25%** (6.) \$ _____

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.

Signature of Person Preparing if Other Than Taxpayer

Date

Signature of Taxpayer

Date

Address

Signature of Spouse

Date