

SEBRING INCOMETAX RETURN

DUE ON OR BEFORE APRIL 15

File with
INCOME TAX DEPARTMENT
135 E. OHIO AVE.
SEBRING, OHIO 44672

Make Checks and Money Orders
Payable to:
SEBRING INCOME TAX

YEAR
or

Fiscal Period _____ to _____

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

IF ADDRESS IS INCORRECT PLEASE MAKE CORRECTION

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 _____

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

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

1. ENTER YOUR TOTAL WAGES, SALARIES, TIPS AND OTHER COMPENSATION.

EMPLOYER'S NAME	CITY WHERE EMPLOYED	SEBRING TAX WITHHELD	TAX PAID OTHER CITY	GROSS WAGES
		\$	\$	\$
TOTALS		2. \$	3. \$	4. \$

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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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 / And/or Credit from previous year. \$ _____

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

2. ESTIMATED TAX DUE (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 _____

IF BUSINESS WAS ACQUIRED OR TERMINATED IN THIS TAX YEAR GIVE 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.

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)

SCHEDULE E - INCOME FROM RENTS (If not Included in Schedule C)

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

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

SCHEUDLE H - INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, LOTTERY, FEES, ETC.

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)						
TOTALS		100	\$ _____		XXXXXXXXXXXXXXXXXX	