

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

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.					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) \$ _____

C R E D I T 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) (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.

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)

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.

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	\$ _____		xxxxxxxxxxxxxxx	