



SIDNEY - 2010 INDIVIDUAL INCOME TAX RETURN

Due on or before April 18, 2011 & Attach Page 1 of Federal Form 1040
LATE FILING OF THIS RETURN SUBJECTS YOU TO
INTEREST AND A MINIMUM \$25.00 PENALTY

www.sidneyoh.com

Mail completed form to:
City of Sidney
Revenue Collections – Tax
201 W. Poplar St.
Sidney, OH 45365

| | | | |
|--|------------|----------|---------------------------------|
| Last Name | First Name | Initial | Social Security Number |
| If married filing joint, enter Spouse's Last Name, First Name, Initial | | | Spouse's Social Security Number |
| Present Address # | Street | Apt | Sidney Account Number, if known |
| City | State | Zip Code | |

If you moved during 2010, please indicate: Date of move: _____ Previous Address: _____
If renting a residence, enter name & address of owner: _____

| | | | | | |
|---------------------------|---|--|------------------------------|--|---------------------------------------|
| FILING STATUS (check one) | <input type="checkbox"/> Single | <input type="checkbox"/> Married filing joint return (even if only 1 had income) | RESIDENCY STATUS (check one) | <input type="checkbox"/> Resident | <input type="checkbox"/> Non-Resident |
| | <input type="checkbox"/> Partial Year Resident | | | DATE OF MOVE: | |
| | <input type="checkbox"/> Married filing separate return. Enter spouse's social security number & full name here | | | Old address: _____ New address: _____ | |

1. SALARIES, WAGES, TIPS & OTHER COMPENSATION. Enter information from W-2's or 1099's (not reported on Schedule C)

| COLUMN 1 | COLUMN 2 | COLUMN 3 | COLUMN 4 | COLUMN 5 |
|-----------------|---------------------|---------------------|--------------------------------------|------------------|
| EMPLOYER'S NAME | CITY WHERE EMPLOYED | SIDNEY TAX WITHHELD | OTHER CITY TAX WITHHELD (UP TO 1.5%) | QUALIFYING WAGES |
| A. | | | | |
| B. | | | | |
| C. | | | | |
| D. | | | | |

| | | | |
|---|------|--|-----|
| 1. TOTAL FROM W-2's OR 1099's. Attach all W-2's or 1099's. | | | 1. |
| 2. LESS EMPLOYEE BUSINESS EXPENSES FROM WORKSHEET A ON PAGE 2. (Attach required documentation) | | | 2. |
| 3. TOTAL TAXABLE WAGES (Line 1 minus line 2) | | | 3. |
| 4. TAXABLE INCOME OTHER THAN WAGES FROM WORKSHEET B , LINE 10, PAGE 2 (If loss, enter \$0) | | | 4. |
| 5. TOTAL SIDNEY TAXABLE INCOME (Add lines 3 & 4) | | | 5. |
| 6. SIDNEY INCOME TAX AMOUNT (Multiply line 5 by 1.5%) | | | 6. |
| 7. A. SIDNEY INCOME TAX WITHHELD - total from line 1, column 3 above. | 7A. | | |
| B. INCOME TAX WITHHELD/PAID TO OTHER CITIES from line 1, column 4 above (1.5% MAX) | 7B. | | |
| C. ESTIMATED PAYMENTS | 7C. | | |
| D. PRIOR YEAR OVERPAYMENTS | 7D. | | |
| E. TOTAL TAX CREDITS (Add lines 7A through 7D) | | | 7E. |
| 8. TAX AMOUNT DUE , IF Line 6 is greater than line 7E, subtract Line 7E from Line 6 * | | | 8.* |
| 9. Late Filing Penalty \$ _____ Late Pmt Penalty \$ _____ Late Pmt Interest \$ _____ Underestimation Penalty \$ _____ | | | 9. |
| 10. BALANCE DUE FOR 2010 (Add Lines 8 & 9) (Do not stop here. Complete lines 12-16 below.) | | | 10. |
| 11. OVERPAYMENT , IF Line 6 is less than Line 7E, subtract Line 6 from Line 7E * | 11.* | | |
| REFUND amount * \$ _____ CREDIT amount to 2011 * \$ _____ | | | |

*** NOTICE: Taxes of less than \$1 shall not be collected or refunded.**

DECLARATION OF ESTIMATED TAX FOR YEAR 2011 – See Line-by-Line Instructions

| | | |
|---|-----|--|
| 12. TOTAL INCOME SUBJECT TO TAX \$ _____, MULTIPLY BY 1.5% | 12. | |
| 13. LESS: ANTICIPATED CREDITS (withholding, taxes paid to other cities & overpayments applied) | 13. | |
| 14. NET TAXES OWED (Quarterly statements will not be mailed.) | 14. | |
| 15. AMOUNT PAID WITH THIS DECLARATION for 1ST Quarter Estimated Tax – See Line-by-Line Instructions | 15. | |
| 16. TOTAL AMOUNT PAYABLE TO CITY OF SIDNEY (Add lines 10 and 15) DUE BY APRIL 18, 2011 | 16. | |

I certify I have examined this return, including accompanying Federal 1040 page one, W-2's, schedules and statements, and to the best of my knowledge and belief it is true, correct and that the figures are the same as for Federal Income Tax Purposes. If an audit of Federal returns is made which affects tax liability shown on this return, an amended return will be filed within three months.

Your Signature _____ Date _____ Spouse's Signature _____ Date _____

Signature of preparer, if other than taxpayer _____ Phone Number _____ Date _____

May we contact your preparer directly with questions regarding the preparation of this return? YES NO

Office Use Only: Date _____ Ck # _____ \$ _____

