



SIDNEY - 2020 INDIVIDUAL INCOME TAX RETURN

City of Sidney Revenue Collections
201 W. Poplar St., Sidney OH 45365
Phone (937) 498-8111 Fax (937) 498-8149

Due on or before
April 15, 2021

www.sidneyoh.com

Last Name	First Name	Initial	Social Security Number
If married filing joint, enter Spouse's Last Name, First Name			Spouse's Social Security Number
Present Address #	Street	Apt	Did you file a Sidney Tax Return the prior year? <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, refer to instructions and attach documentation indicating why you were not required to file.
City	State	Zip Code	
FILING STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint return (even if only 1 had income) <input type="checkbox"/> Married filing separate return. Enter spouse's social security number: _____ - _____ - _____ Spouse's full name: _____			
RESIDENCY STATUS <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Partial Year Resident <i>please indicate below:</i> DATE MOVED IN: _____ DATE MOVED OUT: _____ Former Address: _____			

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

EMPLOYER'S NAME	CITY WHERE EMPLOYED	SIDNEY TAX WITHHELD	OTHER CITY TAX WITHHELD (up to 1.65%)	QUALIFYING WAGES

1. TOTAL FROM W-2's OR 1099's. Attach all W-2's or 1099's.	A	B	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. OTHER INCOME: ALL GAMBLING WINNINGS, LOTTERY WINNINGS, PRIZES, ETC.			4.
5. TAXABLE INCOME OTHER THAN WAGES FROM WORKSHEET B , LINE 9, PAGE 2 (If loss, enter \$0 – Cannot offset line 3&4 income)			5.
6. TOTAL SIDNEY TAXABLE INCOME (Add lines 3 & 4 & 5)			6.
7. SIDNEY INCOME TAX AMOUNT (Multiply line 6 by 1.65%)			7.
8. A. SIDNEY INCOME TAX WITHHELD - total from Box A above.	8A.		
B. INCOME TAX WITHHELD/PAID TO OTHER CITIES from Box B above (1.65% MAX)	8B.		
C. ESTIMATED PAYMENTS	8C.		
D. PRIOR YEAR OVERPAYMENTS	8D.		
E. TOTAL TAX CREDITS (Add lines 8A through 8D)		8E.	
9. TAX AMOUNT DUE , IF Line 7 is greater than line 8E, subtract Line 8E from Line 7 *			9.*
10 A. LATE FILING PENALTY (\$25. PER MONTH UP TO \$150. MAX)	10A.		
B. LATE PAYMENT & UNDERESTIMATION PENALTY (15% OF AMOUNT PAID LATE)	10B.		
C. LATE PAYMENT INTEREST (.584% PER MONTH OR FRACTION THEREOF)	10C.		
D. TOTAL PENALTIES, FEES AND INTEREST (Add lines 10A through 10C)			10D.
11. BALANCE DUE FOR 2020 (Add Lines 9 & 10D (Do not stop here. Complete lines 13-17 below.)			11.
12. OVERPAYMENT , IF Line 7 is less than Line 8E, subtract Line 7 from Line 8E *(greater than \$10.)	12.		
REFUND amount* \$ _____ CREDIT amount to 2021* \$ _____			

*** NOTICE: Taxes of less than \$10.01 shall not be collected and overpayments less than \$10.01 will not be refunded or credited to another year.**

DECLARATION OF ESTIMATED TAX FOR YEAR 2021 (If tax due will be over \$200) – See Line-by-Line Instructions			
13. TOTAL INCOME SUBJECT TO TAX \$ _____, MULTIPLY BY 1.65% (new rate)	13.		
14. LESS: ANTICIPATED CREDITS (withholding, taxes paid to other cities & overpayments applied)	14.		
15. NET TAXES OWED (Quarterly statements will not be mailed.)	15.		
16. AMOUNT PAID WITH THIS DECLARATION for 1 ST Quarter Estimated Tax			16.
17. TOTAL AMOUNT PAYABLE TO CITY OF SIDNEY (Add lines 11 and 16) DUE BY APRIL 15, 2021			17.

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. **NOTE: Your return is not complete unless you have included page 1 of your Federal form 1040 and other appropriate schedules.**

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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Federal Form 1040 and all W-2 forms must be attached



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Due on or before April 15, 2021 – LATE FILING OF THIS RETURN MAY RESULT IN INTEREST CHARGES AND A MINIMUM \$25.00 PENALTY

PAGE ONE OF THE FEDERAL FORM 1040 MUST BE ATTACHED TO ALL RETURNS. ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED. A RETURN IS NOT COMPLETE UNLESS SUCH SCHEDULES ARE ATTACHED. ANY DEDUCTION NOT PROPERLY SUPPORTED WILL BE DISALLOWED.

WORKSHEET A: EMPLOYEE BUSINESS EXPENSES -- FORM 2106 WORKSHEET (page 1 of Federal Form 1040, Federal Schedule A, and Federal Form 2106 must be attached for deduction to be allowed.)

1. Unreimbursed employee expenses from Form 2106.....\$ _____
2. Total from Line 24 on Form 1040, Schedule A.....\$ _____
3. Percent of total.....% (Divide line 1 by line 2)
4. Enter amount from line 27 on Schedule A of Form 1040.....\$ _____
5. Sidney income tax deduction\$ _____ (Multiply line 3 by line 4)
(Enter deduction on Page 1, line 2 of this return)

WORKSHEET B – OTHER INCOME (As documented by Returns, Attachments, 1099's and Federal Schedules)

	Net Taxable Gain (Loss)	If applicable, Allocation Pct from Sch Y below	Sidney Taxable Gain (Loss)
1. Proprietorship (Schedule C) – Enter business name(s) below.			
2. Rental Income (Schedule E) – Enter street address and city of each property below. (Losses without street address and city will be disallowed).			
3. Recapture of Depreciation on Sale of Rental Property (Schedule 4797)			
4. Reportable Partnership Income (Schedule E / K-1)			
5. Farm Income (Schedule F)			
6.			
7. SUBTOTAL (Add lines 1 – 6 above)			
8. LESS: LOSS CARRYFORWARD , IF ANY, FROM PRIOR YEARS (complete below)			
9. GRAND TOTAL (Line 8 minus Line 9) **			
** If the GRAND TOTAL on line 9 is a net gain (positive), enter the amount on page 1, line 5. If the GRAND TOTAL on line 9 is a net loss (negative), enter \$0 on page 1, line 4, and include this net loss on your schedule of Net Operating Losses which may be carried forward for up to 5 years.			

**** In no case may business losses be taken against wages or other compensation.** Only the resident partner's share of partnership or S-Corp income or losses not attributable to Sidney should be included on this return.

LOSS CARRYFORWARD CALCULATION

PRE – 2017 NOL's (100% allowable)

LOSS YEAR 2015 2016
 AVAILABLE
 LOSS AMOUNT _____ + _____ = PRE-NOL _____

POST-2017 NOL's (See instructions)

LOSS YEAR 2017 2018 2019
 LOSS AMOUNT _____ _____ _____
 1. NOL x 50% _____ _____ _____
 2. OTHER INCOME (Sidney %) X 50%
 ((WKSHT B Line 7 x SCH Y Line 5) - PRE-NOL) X 50% _____ _____ _____
 3. POST-NOL : Lessor of Line 1 or 2 ABOVE _____ _____ _____ = POST-NOL _____

(ADD PRE-NOL + POST-NOL)
TOTAL NOL AVAILABLE _____



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SCHEDULE Y – BUSINESS ALLOCATION FORMULA

The Business Allocation Formula is to be used by non-resident taxpayers who are doing business both inside and outside of Sidney to determine the portion of the net profits attributed to Sidney. In lieu of using Schedule Y, businesses located wholly within the Sidney city limits must include copies of tax returns filed and paid in other cities in order to receive credit for taxes paid to other cities.

		A. LOCATED EVERYWHERE	B. LOCATED IN SIDNEY	C. PERCENTAGE (B/A)
Step 1	Average original cost of real & tangible personal property	\$	\$	
	Gross annual rentals multiplied by 8	\$	\$	
	Total Step 1	\$	\$	%
Step 2	Total qualifying wages, salaries, commissions and other compensation for all employees	\$	\$	%
Step 3	Gross receipts from sales and work or services	\$	\$	%
Step 4	TOTAL PERCENTAGES			%
Step 5	AVERAGE PERCENTAGE (Divide total percentages by the number of percentages used.) Enter on Worksheet B above.			%