

MAIL TO:

VILLAGE OF GNADENHUTTEN
INCOME TAX DEPARTMENT
P.O. BOX 147
GNADENHUTTEN, OHIO 44629

ALL RESIDENTS 18 YEARS OF AGE OR OLDER
MUST FILE A FINAL RETURN.
COPY OF W-S'S & 1099'S ETC, MUST BE
ATTACHED WITH RETURN

Tax Year _____ Due Date _____
Fiscal Period from _____ through _____

NAME AND ADDRESS

Account Number _____
Federal ID Number _____

SOCIAL SECURITY NUMBER

Table with 3 columns for Social Security Number and rows for Yours and Spouse.

Phone ()

Indicate here if you are not required to file . Retired Unemployed Other

1. WAGES - If Your Only Source of Income is From Wages Complete Page 1 Only.

Table with 4 columns: EMPLOYER'S NAME, WHERE EMPLOYED, CITY TAX WITHHELD, TOTAL W-2 WAGES. Includes a 'TOTALS' row and a 'W-2 COPIES MUST BE ATTACHED' label.

Table for other taxable income and credits. Rows include: 2. OTHER TAXABLE INCOME, 3. TOTAL INCOME, 4. A. NET PROFIT FROM BUSINESS OR PROFESSION, B. INCOME FROM PARTNERSHIP, ETC, 5. TOTAL TAXABLE INCOME, 6. TAX DUE (Line 5 multiplied by tax rate) 1.5%, 7. CREDITS (A-E), 8. BALANCE OF TAX DUE, 9. PENALTY INTEREST TOTAL, 10. BALANCE LINE 8 PLUS LINE 9.

I declare that the information contained in this tax return has been examined by me and to the best of my knowledge and belief, is a true and complete return

(Signature of firm or person, other than taxpayer, preparing return) Date

(Signature of Taxpayer) Date

(Signature of Spouse) Date

DECLARATION OF ESTIMATED TAX FOR YEAR

Acct. # _____

Name _____

Table for estimated tax calculation. Rows include: 1. Estimated income subject to municipal tax \$, Multiply by tax rate 1.5% Estimated Tax Due \$, 2. LESS TAX TO BE WITHHELD (a, b, c), 3. Balance of Estimated Tax (Line 1 minus Line 2d), 4. Amount paid with this return (not less than 1/4 of line 3).

Payment (Line 10 of Annual Return above plus Line 4 of Estimate)

SCHEDULE C

NOTE – If Column A is used, disregard Column B

	COLUMN A as shown by Federal Return	Column B Allocated To This Community
1. Net Profit or Loss per your Federal Income Tax Return (attach income statement).....	\$	\$
2. Add items not deductible under Tax Ordinance (Schedule X).....		
3. Deduct items not taxable under Tax Ordinance (Schedule X).....		
4. Adjust Net Profit.....		\$
5. _____ % (as determined by Business Allocation Formula) of Line 4, Col A.....		XXXXXX
6. Net Profits – Line 5, Column A; or Line 4, Column B (Either on Line 2 – Page 1).....	\$	\$

SCHEDULE X

ADJUSTMENT OF NET PROFIT OR LOSS LINE 1, SCHEDULE C ABOVE, TO EXCLUDE INCOME NOT TAXABLE AND EXPENSES NOT ALLOWABLE, UNDER INCOME TAX ORDINANCE

Schedule X entries are allowed only to the extent directly included in determination of net profits as shown in your Federal Return.

Items Not Deductible – ADD		Items Not Taxable - DEDUCT	
a. Withdraw by proprietor or partners, if included in any expense accounts.....	\$	e. Capital Gains.....	\$
b. All income taxes paid or accrued.....		f. Other – attach explanation citing basis for deduction.....	
c. Net operating loss carry-forward, from Federal Return.....			
d. Capital losses.....			
Total Additions (enter on Line 2, Schedule C above).....	\$	Total Deductions (enter on Line 3, Schedule C above)...	\$

SCHEDULE G – INCOME FROM RENTS not included in Schedule C above

(Copy from Federal Income Tax Schedule)

Location of Property	Amt. Rent \$	Depreciation \$	Repairs \$	Other Expenses \$	Net Income \$

Total	\$	\$	\$	\$	\$
(If Total gross monthly rental from all properties does not exceed \$100.00 DO NOT show any net income here).....					\$

BUSINESS ALLOCATION FORMULA	a. located Everywhere	b. Located in Municipality	Percentage b. divided by a.
Step 1. Average Value of Real & Tangible Personal Property.....	\$	\$	XXXXXX
Gross Annual Rentals multiplied by 8	\$	\$	XXXXXX
Total Step 1.....	\$	\$	%
Step 2. Net Sales.....	\$	\$	%
Step 3. Wages, Salaries Paid	\$	\$	%
Step 4. Total Percentages	XXXXXX	XXXXXX	%
Step 5. Average percentage (Divide total percentage by number of percentages used. Carry to Line 5 – Schedule C, above)			%