

MAIL TO: VILLAGE OF OTTOVILLE

TAX YEAR 2023

FOR OFFICE USE ONLY

Income Tax Dept.
P.O. Box 102
Ottoville, OH 45876**FILING REQUIRED EVEN IF NO TAX DUE**

Year or Fiscal Period _____ to _____

Check No. _____ Cash _____

Amount \$ _____ Audit _____

CHECK ONE OR MORE ☐ Employee ☐ Proprietor ☐ Partner ☐ Professional ☐ Corporation ☐ Resident ☐ Non-Resident ☐ Part Year ResidentIF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES
(LIST BOTH NAME & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)
NAME _____

Acct # _____

DUE ON OR BEFORE APRIL 15

Soc. Sec. No. (H) _____

Soc. Sec. No. (W) _____

Fed I.D. No. _____

Attach all
W-2's, 1099's
and Federal
SchedulesOccupation or Nature
of Business _____

Spouse's Occupation _____

STREET _____

CITY/STATE _____

ZIP CODE _____

PHONE _____

SECTION A**RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME:** REASON (CHECK APPROPRIATE BOX) ☐ MOVE OUT DATE _____☐ ACTIVE DUTY MILITARY☐ RETIRED WITH ONLY NON-TAXABLE INCOME☐ TAXPAYER DECEASED☐ ONLY INCOME FROM NON-TAXABLE SOURCE, LIST SOURCE _____**SECTION B**Enter wages, salaries, bonuses, incentive payments, commissions before any payroll deductions, received between January 1 and December 31.
List each employer or source separately. (Attach all W-2's/1099's)

(B1) Name of Employer	(B2) City or Twp. Where Employed	(B3) Ottoville Village Tax Withheld	(B4) Other City Tax Withheld Not To Exceed 1%	(B5) Total Wages
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
1. WAGES (If no other taxable income go to Line 4) Enclose W-2 and 1099 Forms	TOTALS 1	\$ _____	\$ _____	\$ _____
2. PROFIT OR LOSS FROM INCOME OTHER THAN WAGES				

A. PROFIT FROM ANY BUSINESS OWNER **Attach Federal Forms** PAGE 2 Schedule C..... A. \$ _____B. RENTAL INCOME **Attach Federal Forms** Schedule E..... B. \$ _____

C. OTHER INCOME..... C. \$ _____

D. TOTAL (LINE 2A, B, C) NOT LESS THAN ZERO..... 2. \$ _____

3. TOTAL INCOME (LINE 1 PLUS 2)..... 3. \$ _____

4. ALLOCATION ____% OF LINE 3 (BUSINESS INCOME ONLY) (ATTACH SCHEDULE Y)..... 4. \$ _____

5. TAX DUE (1% X LINE 3 LESS LINE 4)..... 5. \$ _____

6. TAX CREDITS (a) Ottoville Village Tax Withheld (Column B3 above)..... \$ _____

(b) Other City Tax Withheld (Column B4 above) **Cannot Exceed 1%** (Each W-2 Separately)..... \$ _____

(c) Other Estimates, Direct Payments, Credit From Prior Year..... \$ _____

(d) Total Credits Available..... 6. \$ _____

7. BALANCE OF TAX DUE (LINE 5 LESS LINE 6) (Under 90% of Line 5; otherwise penalty and interest apply)..... 7. \$ _____

8. LATE FILING PENALTY - RETURNS FILED AFTER APRIL 15TH, ENTER \$25.00 PENALTY..... 8. \$ _____

A. LATE PAYMENT PENALTY (15% of Line 7) \$ _____ INTEREST \$ _____ A\$ _____

9. TOTAL AMOUNT DUE (Make Check Payable: VILLAGE OF OTTOVILLE, INCOME TAX)..... 9. \$ _____

10. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE.

Note: No refund will be made until next Declaration is filed. No taxes or refunds of \$10.00 or less shall be collected or refunded.**Please include copies of your federal 1040, pages 1 & 2 (federal return), federal Schedule 1 & related paperwork.****SECTION C DECLARATION OF ESTIMATED TAX FOR****YEAR 2024**

11. Total income subject to Tax \$ _____ multiply by Tax Rate of 1%..... \$ _____

12. LESS TAX TO BE WITHHELD

a. By a Village of Ottoville Employer..... \$ _____

b. By an employer in _____ (name of city). Not to Exceed 1% Each W-2 Separately..... \$ _____

c. Overpayment on previous year's return..... \$ _____

d. Total CREDITS..... \$ _____

13. BALANCE TAX DUE (Line 11 less Line 12)..... \$ _____

14. Amount paid with this declaration (Not less than 22.5% of Line 13)..... \$ _____

Balance of Tax..... 15. \$ _____

15. Total of this payment (Line 9 plus Line 14)..... Make Remittance Payable to: \$ _____

(Additional payments of estimated tax are due on 6/15 and 9/15 of the current year, and 1/15 of the following year, 22.5% of line 13) VILLAGE OF OTTOVILLE, INCOME TAX

SECTION D

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 Return (If Other Than Taxpayer) _____ Date _____

Signature of Taxpayer _____ Date _____

Address _____

Signature of Spouse _____ Date _____

FEDERAL SCHEDULES MAY BE SUBMITTED IN LIEU OF SCHEDULES C, E AND H

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN SEE INSTRUCTIONS BEFORE MAKING ENTRIES BELOW.

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital losses	\$	n. Capital gains	\$
b. Expenses incurred in the production of non-taxable income		o. Interest income	
c. City or state income taxes		p. Dividends	
d. Net operating loss deduction per Federal Return		q. Employee Stock Options	
e. Payments to partners		r. Other (Explain)	
f. Contribution to a Retirement Plan (401K, SERP)			
g. Stock Options			
h. Other (Explain)			
m. Total Additions (enter as Line 4a above)	\$	z. Total Deductions (enter as Line 4b above)	\$

SCHEDULE C - PROFIT (Or Loss) FROM BUSINESS OR PROFESSION

IF DIFFERENT FROM PAGE 1 Business Name &/or Address
Kind of Business

Indicate method of accounting: ☐ Cash ☐ Actual ☐ Other

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$

2. Less ☐ Cost of Goods Sold, or ☐ Cost of operations:
Cost of Labor (per Schedule C of Federal Return) \$
Material, supplies & other costs includable \$

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 \$

BUSINESS DEDUCTIONS

8. ADVERTISING AND PROMOTION \$

9. AUTO, TRUCK AND TRAVEL

10. BAD DEBTS

11. REPAIRS AND MAINTENANCE

12. INTEREST ON BUSINESS INDEBTEDNESS

13. a - INCOME TAXES ON BUSINESS
b - OTHER BUSINESS TAXES AND LICENSES

14. INSURANCE (Other than health)

15. SUPPLIES (Not deducted elsewhere)

16. UTILITIES

17. a - COMPENSATION OF OFFICERS
b - SALARIES AND WAGES NOT DEDUCTIBLE ELSEWHERE
c - PAYMENTS TO PARTNERS
d - COMMISSIONS AND FEES

18. DEPRECIATION, AMORTIZATION

19. RENTS (Paid to)

20. EMPLOYEE PENSIONS AND PROFIT SHARING PLANS

21. OTHER (List type and amount)

22. TOTAL BUSINESS DEDUCTIONS (Total of lines 8 thru 21) \$

23. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (Line 7 less Line 22) \$

24. SCHEDULE E - INCOME FROM RENTS (If not included in Schedule C.)

KIND & LOCATION OF PROPERTY	RENT	DEPRECIATION	REPAIRS	OTHER EXPENSES LIST TYPE/AMOUNT	NET INCOME (LOSS)

SEE FEDERAL SCHEDULE E NET INCOME (or loss) SCHEDULE E \$

25. SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C OR E

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, CAPITAL GAINS, ETC. (ATTACH COPY OF FORM K-1)	FOR DISCOUNT	AMOUNT

TOTAL INCOME SCHEDULE H \$

26. TOTAL SCHEDULES C, E & H. ENTER AS LINE 2, PAGE 1

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN CITY	c. PERCENTAGE (b ÷ a)
STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERS. PROP. GROSS ANNUAL RENTAL PAID MULTIPLIED BY 8 TOTAL STEP 1			%
STEP 2. WAGES, SALARIES, ETC. PAID EMPLOYEES			%
STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED			%
STEP 4. TOTAL PERCENTAGES			%
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used)			%

Carry to Line 5b, Page 1

SCHEDULE Z - PARTNERS' INFORMATION

IF STEP 5 OF SCHEDULE Y IS LESS THAN 100%, COPY OF FEDERAL FORM 1065, SCHEDULE K-1 FOR EACH PARTNER MUST BE PROVIDED.