

MAIL TO: VILLAGE OF OTTOVILLE

Income Tax Dept.
P.O. Box 102
Ottoville, OH 45876

TAX YEAR

FILING REQUIRED EVEN IF NO TAX DUE

FOR OFFICE USE ONLY

Check No. Cash
Amount \$ Audit

Year or Fiscal Period to

CHECK ONE OR MORE Employee Proprietor Partner Professional Corporation Resident Non-Resident Part Year Resident

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES
(LIST BOTH NAME & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)
NAME

DUE ON OR BEFORE APRIL 15

Attach all W-2's, 1099's and Federal Schedules

STREET

Soc. Sec. No. (H)

CITY/STATE

Soc. Sec. No. (W)

Occupation or Nature of Business

ZIP CODE

PHONE

Fed I.D. No.

Spouse's Occupation

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)

Table with 5 columns: (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
2. PROFIT OR LOSS FROM INCOME OTHER THAN WAGES
A. PROFIT FROM ANY BUSINESS OWNER Attach Federal Forms PAGE 2 Schedule C
B. RENTAL INCOME Attach Federal Forms Schedule E
C. OTHER INCOME
D. TOTAL (LINE 2A, B, C) NOT LESS THAN ZERO
3. TOTAL INCOME (LINE 1 PLUS 2)
4. ALLOCATION % OF LINE 3 (BUSINESS INCOME ONLY) (ATTACH SCHEDULE Y)
5. TAX DUE ( 1% X LINE 3 LESS LINE 4 )
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
7. BALANCE OF TAX DUE (LINE 5 LESS LINE 6)(Under 90% of Line 5; otherwise penalty and interest apply)
8. LATE FILING PENALTY - RETURNS FILED AFTER APRIL 15TH, ENTER \$25.00 PENALTY PER MONTH OR PART OF, MAX \$150
A. LATE PAYMENT PENALTY (15% of Line 7) \$ INTEREST \$
9. TOTAL AMOUNT DUE (Make Check Payable: VILLAGE OF OTTOVILLE, INCOME TAX)
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.

SECTION C DECLARATION OF ESTIMATED TAX FOR YEAR

- 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. 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  Accrual  Other \_\_\_\_\_

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

2. LESS  Cost of Goods Sold, or  Cost of operations:  
Cost of Labor (per Sched. C of Federal Return) \$ \_\_\_\_\_  
Material, supplies & other costs includible \$ \_\_\_\_\_

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 <sup>NOT DEDUCTED ELSEWHERE</sup> \_\_\_\_\_  
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)	AMOUNT
RECEIVED FROM _____	FOR (DESCRIBE) _____

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.