

VILLAGE OF MILLERSBURG INCOME TAX RETURN	INCOME TAX DEPARTMENT 6 N. WASHINGTON ST. MILLERSBURG, OH 44654 (330) 674-6891 TAX RETURNS DUE ON OR BEFORE APRIL 15	For Tax Office Use Only Amount Paid \$ _____ Cash Money Order Check # _____
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Tax Period Begin Date _____, 20____	Federal Employer ID No _____	Phone No Area Code _____
Tax Period End Date _____, 20____	Part Year Resident From _____ to _____	# _____

Name _____	Taxpayer SS# _____ Spouse SS# _____
Business Name _____	
Address _____	
City _____	
State _____ Zip _____	

IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES FILL IN THIS SECTION AND LOWER SECTION OUTLINED IN BORDER

1. ENTER TOTAL COMPENSATION RECEIVED BEFORE ANY PAYROLL DEDUCTIONS. IF THIS IS YOUR ONLY SOURCE OF INCOME, DISREGARD LINES 2 THRU 6 AND COMPUTE YOUR TAX ON LINE 7. W-2's MUST BE ATTACHED.

PRINT EMPLOYER'S NAME	WHERE EMPLOYED	MILLERSBURG TAX WITHHELD	GROSS WAGES, ETC.
		\$ _____	\$ _____
(a) TOTAL: IF NO OTHER TAXABLE INCOME COMPUTE YOUR TAX ON LINE 7		\$ _____	\$ _____

INCOME

2. INCOME OTHER THAN WAGES FROM PAGE 2 (ATTACH COPY OF FEDERAL RETURN & SCHEDULES). \$ _____

3. TOTAL INCOME (TOTAL LINES 1 AND 2, OR PER FEDERAL RETURN ATTACHED) \$ _____

4. (a) ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X BELOW) ADD \$ _____

(b) ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X BELOW) DEDUCT \$ _____

(c) ENTER EXCESS OF LINE 4a OR 4b. \$ _____

5. (a) ADJUSTED NET INCOME (LINE 3, PLUS OR MINUS LINE 4c) IF SCHEDULE X IS USED \$ _____

(b) AMOUNT ALLOCABLE TO MILLERSBURG IF SCHEDULE Y, PAGE 2 IS USED _____% OF LINE 5a \$ _____

6. AMOUNT SUBJECT TO VILLAGE INCOME TAX \$ _____

7. VILLAGE INCOME TAX 1.5% OF LINE 6 (OR 1.5% OF LINE 1a WHERE APPLICABLE) 1.5% 90 \$ _____

CREDITS

8. CREDITS: (a) VILLAGE INCOME TAX WITHHELD BY EMPLOYER(S) \$ _____

(c) PAYMENTS ON 20____ DECLARATION OF ESTIMATED TAX \$ _____

(d) AMOUNT OF PREVIOUS YEAR CREDITS \$ _____

(x) TOTAL CREDITS ALLOWABLE \$ _____

9. (a) BALANCE DUE (LINE 7 LESS LINE 8x) **Remittance Payable To The Village of Millersburg
Income Tax Must Accompany This Form** \$ _____

(b) OVERPAYMENT CLAIMED (IF LINE 8x EXCEEDS LINE 7, ENTER DIFFERENCE HERE) \$ _____

ENTER AMOUNT OF LINE 9b YOU WANT CREDITED TO YOUR 20____ ESTIMATED TAX \$ _____

TO BE REFUNDED \$ _____

10. ATTACH FULL AMOUNT TO THIS RETURN FOR THE AMOUNT DUE \$ _____

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital & Ordinary Losses \$ _____		n. Capital & ordinary gains (Exclusive of Gains treated as Ordinary Income for Fed. Income Tax Purposes) \$ _____	
c. Income Taxes (Fed., State, Village) _____		o. Interest Income _____	
d. Net Operating Loss carry forward from Fed. Return _____		p. Dividends _____	
e. Payments to partners _____		q. Income from Royalties or Copyrights _____	
f. Sick pay not included in Line 1 above _____		r. Other Income exempt from Millersburg Tax (explain) _____	
g. Contributions _____		z. Total Deductions (enter as line 4b above) \$ _____	
h. Other expenses not deductible (Explain) _____			
m. Total Additions (enter as Line 4a above) \$ _____			

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED IN COMPUTING FEDERAL INCOME TAX PURPOSES.

Signature of Person Preparing. If Other Than Taxpayer _____ Date _____ Signature of Taxpayer or Agent _____ Date _____

Address of Preparer and I.D. No. _____ Title _____

W-2 Copies must be attached.

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

Business Name &/or Address _____

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1. GROSS RECEIPTS (LESS RETURNS AND ALLOWANCES)	\$ _____	
2. LESS COST OF GOODS SOLD		_____
3. GROSS PROFIT (Line 1 less Line 2)		_____
4. OTHER INCOME		_____
5. TOTAL INCOME BEFORE DEDUCTIONS		\$ _____

BUSINESS DEDUCTIONS

6. SALARIES AND WAGES	13. INSURANCE	
7. REPAIRS	14. LEGAL & PROFESSIONAL	
8. RENTS	15. GASOLINE	
9. TAXES	16. UTILITIES	
10. INTEREST	17. SUPPLIES	
11. DEPRECIATION	18. TELEPHONE	
12. ADVERTISING	19. OTHER	
20. TOTAL BUSINESS DEDUCTIONS (Total of Lines 6 through Line 19)		_____
21. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (Line 5 less Line 20)		\$ _____

SCHEDULE D — TOTAL FROM FEDERAL SCHEDULE D FORM 4797: Individuals line 9 (b) (2) All others line 9.
if not included in Schedule C _____

20. SCHEDULE G — INCOME FROM RENTS (IF NOT INCLUDED IN SCHEDULE C.)
ATTACH STATEMENT EXPLAINING COLUMNS 3, 4, and 5.

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

Total gross monthly rental from all properties does not exceed \$400.00. (DO NOT show any Net Income Here) _____ \$ _____

21. SCHEDULE H — OTHER INCOME NOT INCLUDED IN SCHEDULES C or G
INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, CAPITAL GAINS, AND OTHER INCOME

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H \$ _____

22. TOTAL SCHEDULES C, D, G & H. Enter on Page 1, Line 2 _____ \$ _____

SCHEDULE Y — BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN MILLERSBURG	c. PERCENTAGE (b + a)
STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERSONAL PROPERTY	_____	_____	_____
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	_____
TOTAL STEP 1	_____	_____	_____ %
STEP 2. WAGES, SALARIES, ETC. PAID	_____	_____	_____ %
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' DISTRIBUTIVE SHARES OF NET INCOME

1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	YES	NO	PERCENT	AMOUNT			
				\$ _____	\$ _____		\$ _____
7. TOTALS From Schedule C above.	XXXX	XXX	100	\$ _____		XXXXXXXXXX	

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