

**VILLAGE OF MILLERSBURG
INCOME TAX
RETURN**

**INCOME TAX DEPARTMENT
6 N. WASHINGTON ST.
MILLERSBURG, OH 44654
(330) 674-6891**

For Tax Office Use Only
Amount Paid

Cash Money Order Check # \$ _____

TAX RETURNS DUE ON OR BEFORE APRIL 15

Tax Period Begin Date _____, 20____

Phone No
Area Code _____

Tax Period End Date _____, 20____

Federal Employer ID No _____
Part Year Resident From _____ to _____ # _____

Name _____
Business Name _____
Address _____
City _____
State _____ Zip _____

Taxpayer SS# _____ Spouse SS# _____

**IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES FILL IN THIS SECTION AND LOWER SECTION OUTLINED IN BORDER
THRU 6 AND COMPUTE YOUR TAX ON LINE 7. W-2's MUST BE ATTACHED.**

W-2 Copies 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		\$ _____	\$ _____

- 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) 145.90 \$ _____

INCOME

- 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 \$ _____

CREDITS

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 _____

Attach Copy of Federal Return and Schedules in Lieu of Page 2 Schedules, C, D, G & H.

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

Business Name &/or Address _____

- 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..... \$ _____
- 7. REPAIRS..... _____
- 8. RENTS..... _____
- 9. TAXES..... _____
- 10. INTEREST..... _____
- 11. DEPRECIATION..... _____
- 12. ADVERTISING..... _____
- 13. INSURANCE..... _____
- 14. LEGAL & PROFESSIONAL..... _____
- 15. GASOLINE..... _____
- 16. UTILITIES..... _____
- 17. SUPPLIES..... _____
- 18. TELEPHONE..... _____
- 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

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

SCHEDULE Y — BUSINESS ALLOCATION FORMULA

- 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	

Income earned WITHIN the Village of Millersburg by NON-RESIDENTS is subject to Millersburg Income Tax.