

RECONCILIATION OF RETURNS

Of Income Tax Withheld with Forms W-2 Submitted

Lakeview Department of Taxation
PO Box 105
Lakeview, Ohio 43331
For Reconciliation Purposes Only.

Phone (937)-843-3140
Fax (937) 843-6009

For Pay Period From _____ To _____

- 1. Total number of Employees as represented by forms, W-2 submitted herewith _____
- 2. Total Income Tax Withheld from Compensation paid to All Employees. \$ _____

FEIN # _____

- 3. Total Income Tax Withheld from Compensation by item 4 of Form DW-1 for the Period:

FIRST QUARTER \$ _____
SECOND QUARTER \$ _____
THIRD QUARTER \$ _____
FOURTH QUARTER \$ _____

4. TOTAL \$ _____

Items 2 and 4 should be identical, explain fully any discrepancy.

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EMPLOYER'S WITHHOLDING TAX RETURN

Lakeview Department of Taxation
PO Box 105
Lakeview, Ohio 43331
Phone (937) 843-3140
Fax (937) 843-6009

Taxes withheld for the period checked:

____ Jan thru March Due 4/30
____ April thru June Due 7/31
____ July thru Sept. Due 10/31
____ Oct. thru Dec. Due 1/31
OR
____ Month of _____

YEAR _____

FEIN # _____

Please Print your Business Name and Address Above

If the withholding amount for your employees exceed \$200.00 per month, you are required to file on a monthly basis.

1. Wages subject to Lakeview Tax	_____
2. Lakeview Tax 1.5%	_____
3. Adjustments to prior return	_____
4. Interest - 0.42% per month	_____
5. Penalty \$25.00 per month	_____
6. Late Payment Penalty 50% of Unpaid Balance Due.	_____
7. TOTAL	_____

Please notify Tax Office of any changes in Name and/or Address

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5. Penalty \$25.00 per month	_____
6. Late Payment Penalty 50% of Unpaid Balance Due.	_____
7. TOTAL	_____

Please notify Tax Office of any changes in Name and/or Address

Village of Lakeview
PO Box 105
Lakeview, Ohio 43331-0505
(937)843-3140
Fax: (937)843-6009

**LAKEVIEW VILLAGE
INCOME TAX RETURN**
FILING REQUIRED EVEN IF NO TAX IS DUE

MUST FILE BY APRIL 18, 2017

CALENDAR YEAR _____

Residency Status (Check one)
Resident _____ Non Resident _____
Part Year Resident _____
Date Moved In _____ Moved Out _____
Phone Number _____
Social Security # _____
Social Security # _____
Federal ID # _____
Date Business Started _____

[Empty box for taxpayer name and address]

TAXPAYER NAME AND ADDRESS

1. REQUIRED ATTACHMENTS: ALL W-2's, FRONT PAGE OF 1040, ALL REFERENCED SCHEDULES.....

Employers Name _____ City Where Employed _____
1a. Lakeview Tax Withheld _____ 1b. Other City Tax W/H Medicare Wages
Cannot exceed 1% Box 5 of W-s _____

TOTAL 1a. _____ 1b. _____ 1c. _____

IF NO OTHER INCOME, COMPUTE YOUR TAX ON LINE 5

- 2. Income From Self Employment (Attach Federal Schedule C)..... 2. _____
- 3. Income From Rents or Leases) (Attach Federal Schedule E) 3. _____
- 4. Other Taxable Income (Attach Schedules, W-2G from Gambling or Total from page 2..... 4. _____
- 5. Total Taxable Income (Column 1C plus line 2, 3 and 4 5. _____
- 6. Lakeview Village Income Tax - 1.5% of Line 5 6. _____
- 7. CREDITS:
 - a. Lakeview Village Tax Withheld (Column 1a above)..... a. _____
 - b. Estimated Tax Paid..... b. _____
 - c. Credit From Prior Years..... c. _____
 - d. Other City Tax Withheld (Column 1b above)..... d. _____
- TOTAL CREDITS..... 7. _____
- 8. Tax Due (Subtract Line 7 From Line 6)..... 8. _____

IF FILED AND/OR PAID AFTER APRIL 18 COMPLETE NO. 9

- 9a. Penalty (15% of line 8) if past April 18th..... a. _____
 - b. Interest (.42 % per month of line 8) if past April 18th..... b. _____
 - c. Late Filing Fee (\$25.00 per month)(Capped at \$150.00) if past April 18th..... c. _____
 - d. Total of Line 9a, b and c..... 9. _____
 - 10. Total Tax Due (Line 8 plus 9) (Make check Payable to Lakeview Income Tax)..... 10. _____
- NOTE: Refund or Tax Due of \$10.00 or less is not payable.
- 11. Overpayment Refund \$ _____ Credit to New Estimate \$ _____

DECLARATION OF ESTIMATED TAX

- 12. Estimated Income Subject to Tax \$ _____ tax rate of 1.5% 12. _____
- 13. Estimated Tax Withheld by your Employer(s) 13. _____
- 14. Overpayment applied from 2016 14. _____
- 15. Other Payments and Credits 15. _____
- 16. Total Payments and Credits (Add Lines 13, 14 and 15)..... 16. _____
- 17. Net Estimated Tax Due (Line 12 minus line 16) 17. _____
- 18. Estimated Tax Paid With Return (Not less than 25% of line 17) 18. _____
- 19. TOTAL DUE (Line 10 plus Line 18) 19. _____

Make Check Payable to the VILLAGE OF LAKEVIEW INCOME TAX

The undersigned declares that this return, and accompanying schedules is a true, correct and complete return for the taxable period stated.
If this return was prepared by a tax professional, may we contact them directly _____ yes _____ no

Signature _____ Date _____ Tax Preparer _____ Date _____

Signature _____ Date _____ Telephone Number _____ Address _____

SCHEDULE C - BUSINESS INCOME

BUSINESS NAME	Net Income/Loss	Percentage	Taxable Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	From Attachment(s)	_____	_____
	TOTAL (Enter on Page 1 Line 2).....	_____	_____

SCHEDULE E - RENTAL INCOME

Address of Property	Rent Received	Total Expenses	Net Income/Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	From Attachment(s).....	_____	_____
	TOTAL (Enter on Page 1 line 3).....	\$ _____	_____

SCHEDULE O - OTHER TAXABLE INCOME

From	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
	From Attachment(s)	_____
	TOTAL (Enter on Page 1 Line 4)	\$ _____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	A. Located Everywhere	b. Located In	c. Percentage
Step 1. Average Value of Real and Tangible Property	\$ _____	\$ _____	_____
Gross Annual Rents Times 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 factors present)	_____	_____	_____%

NON-TAXABLE INCOME

- | | |
|---|--|
| <ul style="list-style-type: none"> A. Capital Losses - Excluding Ordinary Losses B. Income from Qualified Pension Plans C. Proceeds of Life Insurance D. Workers Compensation E. Active duty Military Pay (Including National Guard When on Active Duty) F. Patent or Copyright Income G. Interest or Dividend Income H. Income from Religious, Governmental, Charitable, Educational or Educational Organizations. | <ul style="list-style-type: none"> I. Social Security Income J. State Unemployment Benefits K. Earnings of Persons Under 18 Years of Age L. Royalties derived from Intangible Property M. Health and Welfare Benefits Distributed by N. Compensatory Insurance Proceeds O. Welfare Benefits P. Annuity Distributions |
|---|--|

A 1% credit is allowed for taxes due and paid to another City/Municipality. Proof must be attached.
 THIS TAX FORM MUST BE SIGNED, DATED ACCOMPANIED BY PAYMENT IF TAX IS DUE, AND ALL SCHEDULES ATTACHED BEFORE THIS FORM IS CONSIDERED A LEGAL TAX RETURN. EXTENSIONS WILL BE GRANTED ONLY IF A COPY OF THE FEDERAL EXTENSION IS RECEIVED BY APRIL 18TH.