

Village of Lakeview
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Lakeview, Ohio 43331-0505
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**LAKEVIEW VILLAGE
INCOME TAX RETURN**
FILING REQUIRED EVEN IF NO TAX IS DUE

MUST FILE BY APRIL 17, 2018

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 _____

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 Cannot exceed 1%	1c. Medicare Wages 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 (Colum 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 (Colum 1a above).....	a. _____
b. Estimated Tax Paid.....	b. _____
c. Credit From Prior Years.....	c. _____
d. Other City Tax Withheld (Colum 1b above).....	d. _____
TOTAL CREDITS.....	7. _____
8, Tax Due (Subtract Line 7 From Line 6).....	8. _____

IF FILED AND/OR PAID AFTER APRIL 17 COMPLETE NO. 9

9a. Penalty (15% of line 8) if past April 17 th	a. _____
b. Interest (.42 % per month of line 8) if past April 17 th	b. _____
c. Late Filing Fee (\$25.00 per month)(Capped at \$150.00) if past April 17 th	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 2017	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 17TH.