

NAME OF MUNICIPALITY: \_\_\_\_\_

SOCIAL SECURITY NO. (TAXPAYER): \_\_\_\_\_ SOCIAL SECURITY NO. (SPOUSE): \_\_\_\_\_

RESIDENCY STATUS: RESIDENT  NON RESIDENT  PART YEAR RESIDENT  MOVED IN: \_\_\_\_\_ MOVED OUT: \_\_\_\_\_

**PART-YEAR RESIDENT, PLEASE CONTACT OUR OFFICE FOR HELP COMPLETING THIS FORM**

PRESENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

**Required docs NOT attached will be considered late. Late filing fees will apply.**

**MAILING LABEL - PEEL OFF AND AFFIX TO YOUR ENVELOPE**

**A** I am not required to complete Section B of this tax return because: (see instructions for non taxable income)

- Under 18 years of age, list date of birth \_\_\_\_\_
- Retirement Income Only
- Total/Permanent Disability/SSI
- No Income: State how supported: \_\_\_\_\_

1. W2 wages from section B (column 1C total located on the back)..... 1. \_\_\_\_\_
  - IF NO OTHER INCOME COMPUTE YOUR TAX ON LINE 4
  2. Other Taxable Income (Worksheet 1 on back) Cannot use losses to reduce W2 income..... 2. \_\_\_\_\_
  3. Total Taxable Income ( Column 1c plus Line 2) ..... 3. \_\_\_\_\_
  4. Municipal Tax Due: **Botkins - 1.5% Covington - 1.5% Cridersville - 1.0% Ft. Loramie - 1.5% Minster - 1.5%**  
**New Bremen - 1.5% New Knoxville - 1.5% North Star - 0.5% Osgood - 1.0% Russia - 1.5% St.Marys - 1.5%**..... 4. \_\_\_\_\_
  5. Credits
    - (a) Resident Tax Withheld (Column 1a on back) ..... a. \_\_\_\_\_
    - (b) Other City Tax Withheld (Column 1b on back, can't exceed municipal tax rate, Cridersville limited to .25%) b. \_\_\_\_\_
    - (c) Estimated Tax paid..... c. \_\_\_\_\_
    - (d) Credit From Prior Years ..... d. \_\_\_\_\_
    - (e) TOTAL CREDITS ..... 5e. \_\_\_\_\_
  6. Tax Due ( subtract Line 5e from Line 4) ..... 6. \_\_\_\_\_
  7. Penalty, Interest & Late Filing Fee
    - (a) Penalty - 15% if past April 15 ..... a. \_\_\_\_\_
    - (b) Interest - .50% if past April 15..... b. \_\_\_\_\_
    - (c) Late Filing Fee - \$25.00 per month up to \$150.00 if past April 15. .... c. \_\_\_\_\_
    - (d) TOTAL PENALTY, INTEREST, & LATE FILING FEE ..... 7d. \_\_\_\_\_
  8. **TOTAL AMOUNT DUE** ( Line 6 plus line 7D, Make check payable to municipality filing for.)..... 8. \_\_\_\_\_
- NOTE: Refund or tax due of less than \$10.00 not payable.
9. Overpayment \_\_\_\_\_  refund  credit to next year declaration

**DECLARATION OF ESTIMATED TAX FOR YEAR 2019**

10. Total estimated tax for 2019.....10. \$ \_\_\_\_\_
11. Less Credits ( Including prior year credit from line 9 above)..... 11. \$ \_\_\_\_\_
12. Net Taxes Owed .....12. \$ \_\_\_\_\_
13. Amount paid with this declaration (22.5% of line 12).....13. \$ \_\_\_\_\_

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

**TAX OFFICE USE ONLY**  
 COPY TO TAXPAYER  
 CASH  CC  
 CHECK  
 AMOUNT : \_\_\_\_\_  
 NO PAYMENT

Signature \_\_\_\_\_ Date \_\_\_\_\_ Tax Preparer \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

**B 1. REQUIRED ATTACHMENTS: ALL W-2's, PAGES 1 & 2 FEDERAL 1040, SCHEDULE 1 DOCUMENTATION IF APPLICABLE.**

| Employer's Name: | Locality Name<br>Box 20 | Resident<br>Tax Withheld | Other<br>City Tax W/H | Medicare Wages<br>Box 5 of W-2 |
|------------------|-------------------------|--------------------------|-----------------------|--------------------------------|
|                  |                         | \$                       | \$                    | \$                             |
|                  |                         |                          |                       |                                |
|                  |                         |                          |                       |                                |
|                  |                         |                          |                       |                                |
|                  |                         |                          |                       |                                |
|                  |                         |                          |                       |                                |
|                  |                         |                          |                       |                                |
|                  |                         |                          |                       |                                |
|                  |                         |                          |                       |                                |
| <b>TOTAL</b>     |                         | 1a.                      | 1b.                   | 1c.                            |

**WORKSHEET 1 - INCOME OTHER THAN WAGES AND ALLOWABLE EMPLOYEE BUSINESS EXPENSE**

Use this worksheet ONLY to report any income that is not reported on a W2. If you do not see your income listed here use the "misc" entry. If you are unsure if the income is taxable, call the tax department for clarification.

|  |           |
|--|-----------|
| Schedule C line 31 or allocation from Worksheet 3 .....                                    | \$ _____  |
| Schedule E line 21 .....   | _____     |
| Schedule F .....   | _____     |
| Schedule K1 .....  | _____     |
| Form 4835 line 32 .....  | _____     |
| Form 1099 M (Do not report refunds, dividends, interest or retirement distributions) ..... | _____     |
| Misc .....   | _____     |
| Form 2106 from Worksheet 3 .....   | ( _____ ) |
| <b>TOTAL</b> Carry to line 2, page 1 .....   | \$ _____  |

**ATTACH COPIES OF ALL FORMS AND SCHEDULES.**

**WORKSHEET 2 - SCHEDULE C**

Small business ventures reported on Schedule C to the IRS are taxable to the city. This worksheet will assist in making the determination of where your small business is taxable. This worksheet can be used if you did not claim business use of your home and if you do not have any other property expenses such as rent and utilities. If you do have property related expenses or if you have employees, go to our website and download Schedule Y.

Product or service provided: \_\_\_\_\_ Date began: \_\_\_\_\_

Is all of your work performed at your home site? \_\_\_\_\_ If yes, record your net income or loss on Worksheet 1 and proceed on. If your answer is no, continue with this worksheet.

Work must be performed inside the city limits of a city before you are taxable to that city. Organize your work and determine how much you were paid for jobs inside different cities and list them here.

| City  | Amount received<br>before expenses | Total gross receipts<br>from Schedule C | %       | Net Profit or Loss<br>from Schedule C | Taxable |
|-------|------------------------------------|---|---------|---------------------------------------|---------|
| _____ | _____                              | ÷ _____                                 | = _____ | x _____                               | = _____ |
| _____ | _____                              | ÷ _____                                 | = _____ | x _____                               | = _____ |
| _____ | _____                              | ÷ _____                                 | = _____ | x _____                               | = _____ |

**RESIDENTS:** Record 100% of line 31 of Schedule C on Worksheet 1. Attach Worksheet 1, Schedule C, and copies of the other city returns for tax credit. List this tax credit on line 1, box 4.

**NONRESIDENTS:** Use the amount shown to be taxable to the city for which you are filing and list on Worksheet 1. Do not take credit for taxes paid to other cities.