

INCOME TAX RETURN

VILLAGE INCOME TAX 6 NORTH WASHINGTON STREET MILLERSBURG OH 44654-T104

For Calendar Period from January 1, 20 through December 31, 20
or Fiscal Period from 20 through 20

Paid with this Return

\$

Processed by

Check your status as a taxpayer: Employee Professional Proprietor Partner Partnership Corporation Non-Res. Resident Part Year Resident Other

Name Business Name Street or R.D. Address City State Zip Social Security Number - Husband Wife Single

PRINCIPAL BUSINESS ACTIVITY YOUR LOCAL PHONE NO. FED. EMPLOYER ID NO. If you operate more than one place of business, give trade name and location of each and state if included in this return:

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.

Table with 4 columns: PRINT EMPLOYER'S NAME, WHERE EMPLOYED, MILLERSBURG TAX WITHHELD, GROSS WAGES, ETC. Includes a total row at the bottom.

- 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% OF LINE 6 (OR 1% OF LINE 1a WHERE APPLICABLE)

INCOME

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

Table with 2 main columns: ITEMS NOT DEDUCTIBLE (ADD) and ITEMS NOT TAXABLE (DEDUCT). Rows include Capital & Ordinary Losses, Income Taxes, Net Operating Loss, Payments to partners, Sick pay, Contributions, Other expenses, Capital & ordinary gains, Interest Income, Dividends, Income from Royalties or Copyrights, Other Income exempt from Millersburg Tax, Total Additions, Total Deductions.

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 _____
→

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	

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