

MAIL TO: DEPARTMENT OF TAXATION

VILLAGE OF HOLGATE

327 Railway, P.O. Box 217
Holgate, Ohio 43527

TAX OFFICE USE ONLY		
code #	_____	
Processed by	_____	
<input type="checkbox"/> CASH	<input type="checkbox"/> M.O.	<input type="checkbox"/> CHECK
\$	_____	

Tax Year _____ Due Date _____
Fiscal Period from _____ 20 ____ through _____ 20 ____

NAME AND ADDRESS _____

Account Number _____

Federal ID Number _____

SOCIAL SECURITY NUMBERS

Yours	_____	_____	_____
Spouse	_____	_____	_____
Phone	() _____		

Indicate here if you are not required to file. Retired Unemployed Other _____

1. WAGES -- If Your Only Source of Income Is From Wages Complete Page 1 Only.

W-2 COPIES MUST BE ATTACHED	EMPLOYER'S NAME	WHERE EMPLOYED	CITY TAX WITHHELD	TOTAL W-2 WAGES
	TOTALS		\$ _____	\$ _____

2. OTHER TAXABLE INCOME (From Page 2) \$ _____

3. TOTAL INCOME (Total Lines 1 & 2) \$ _____

4. A. NET PROFIT FROM BUSINESS OR PROFESSION \$ _____

 B. INCOME FROM PARTNERSHIP, ETC., including farms \$ _____

5. TOTAL TAXABLE INCOME (Total Lines 3 & 4a, b) \$ _____

6. TAX DUE (line 5 multiplied by tax rate) 1% \$ _____

7. A. INCOME TAX WITHHELD \$ _____

 B. TAXES PREPAID ON ESTIMATE \$ _____

 C. CREDITS FROM PRIOR YEAR \$ _____

 D. TOTAL CREDITS (Lines a, b and c) \$ _____

8. BALANCE OF TAX DUE \$ _____

9. OVERPAYMENT TO BE REFUNDED OR CREDITED TO NEXT YEAR \$ _____

I declare that the information in this tax return has been examined by me and to the best of my knowledge and belief, is a true and complete return.

(Signature of firm or person, other than taxpayer, preparing return)

Date

(Signature of Taxpayer)

Date

DECLARATION OF ESTIMATED TAX FOR YEAR 20 _____

Acct. # _____

Name _____

1. Estimated income subject to municipal tax \$ _____ Multiply by tax rate _____ % Estimated Tax Due \$ _____

2. LESS TAX TO BE WITHHELD

 a. By Employer \$ _____

 b. By an employer in _____ (name of city)(See instructions)..... \$ _____

 c. Overpayment on previous year's return (Line 9)..... \$ _____

 d. Total Credits (a,b,c)..... \$ _____

3. Balance of Estimated Tax (Line 1 minus Line 2)..... \$ _____

4. Amount paid with this return (not less than 1/4 of line 3)..... \$ _____

Make remittance payable to
City shown above.

(1) ORIGINAL (2) TAXPAYER COPY

Signature

NOTE - If Column A is used. Disregard Column B)

1. Net Profit or Loss per your Federal Income Tax Return (attach income statement).....
2. Add items not deductible under Tax Ordinance (Schedule X).....
3. Deduct items not taxable under Tax Ordinance (Schedule X).....
4. Adjusted Net Profit.....
5. % (as determined by Business Allocation Formula) of Line 4. Col. A.....
6. Net Profits - Line 5. Column A: or Line 4. Column B (Enter on Line 3 - Page 1).....

COLUMN A As shown by Federal Return	COLUMN B Allocable Uhrichsville	To
\$	\$	
	\$	
	xxxxx	
\$	\$	

SCHEDULE X

ADJUSTMENT OF NET PROFIT OR LOSS LINE 1, SCHEDULE C ABOVE, TO EXCLUDE INCOME NOT TAXABLE AND EXPENSES NOT ALLOWABLE, UNDER INCOME TAX ORDINANCE

Schedule X entries are allowed only to the extent directly included in determination of net profits as shown in your Federal Return.

Items Not Deductible - ADD		Items Not Taxable - Deduct	
a. Withdrawal by proprietor or partners, if included in any expense accounts.....	\$	e. Capital Gains.....	\$
b. All income taxes paid or accrued.....		f. Other - attach explanation citing legal basis for deduction.....	
c. Net operating loss carry-forward, from Federal Return.....			
d. Capital losses.....			
Total Additions (enter on Line 2, Schedule C above).....	\$	Total Deductions (enter on Line 3, Schedule C, above)...	\$

SCHEDULE G - INCOME FROM RENTS not included in Schedule C above

(Copy from Federal Income Tax schedule)

Location of Property	Amt. Rent	Depreciation	Repairs	Other Expense	Net Income
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

(If total gross monthly rental from all properties does not exceed \$100.00 DO NOT show any Net Income here).....\$ _____

	a. Located Everywhere	b. Located in Municipality	Percentage b divided by a)
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BUSINESS ALLOCATION FORMULA

Step 1. Average Value of Real & Tangible Personal Property.....	\$ _____	\$ _____	xxxxxx
Gross Annual Rentals multiplied by 8.....	\$ _____	\$ _____	xxxxxx
Total Step 1.....	\$ _____	\$ _____	_____ %
Step 2. Net Sales.....	\$ _____	\$ _____	_____ %
Step 3. Wages, Salaries Paid.....	\$ _____	\$ _____	_____ %
Step 4. Total Percentages	xxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxx	_____ %
Step 5. Average percentage (Divide total percentages by number of percentages used. Carry to Line 5 - Schedule C, above)			_____ %

