

File With \_\_\_\_\_  
 Income Tax Bureau \_\_\_\_\_, OH  
 \_\_\_\_\_, OH  
 On or before April \_\_\_\_\_, 20\_\_\_\_

**INCOME TAX RETURN**

THE RETURN MAY BE USED IN ANY CITY BY INSERTING THE PROPER NAME AND BY CHANGING THE TAX RATE  
**Fiscal Years Fill in Dates:** Beginning 20\_\_\_\_ Ending 20\_\_\_\_  
 And File Within \_\_\_\_ Months of Ending Date

**OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY**

Check if a Consolidated return [ ]

**INDICATE WHETHER:** CORPORATION [ ] SOLE PROPRIETOR [ ] PARTNERSHIP [ ] EMPLOYEE [ ] IF OTHER, EXPLAIN \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ HAS INTERAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY  
 ACCOUNT TYPE \_\_\_\_\_ FOR ANY PRIOR YEAR? Yes [ ] No [ ]  
 SOCIAL SECURITY #/FEI # \_\_\_\_\_ IF SO, HAS AN AMENDED CITY OF \_\_\_\_\_ INCOME TAX RETURN  
 ARE YOU A RESIDENT OF \_\_\_\_\_? Yes [ ] No [ ] BEEN FILED Yes [ ] No [ ]  
 DID YOU FILE A RETURN FOR 200\_\_? Yes [ ] No [ ] YOUR LOCAL PHONE NO. \_\_\_\_\_

**PART A**

**COLUMN 1: List salary, wages, commissions and other employee compensation by city where income was earned or services performed. In addition, residents must list total taxable income by resident city. COLUMN 2: Complete PART B prior to column 2.**

CITY _____		
Column 1 Total Wages, Salaries, Commissions (Attach W-2(s)) _____	\$	
Column 2 Other Income (or Loss) From Col. 11 Part B _____	\$	
Column 3 Total Col. 1 & 2 Income (or Loss) _____		\$
Tax Rate % _____		\$
Column 4 Tax Due _____		\$
Column 5		
Tax Withheld Or Paid Partnership Pd. _____	\$	
Tax Paid to Other Cities (Resident City Credit Only) _____	\$	
Column 6 Net Tax Due _____		\$

LINE 1 TOTAL NET TAX DUE FROM COLUMN 6.....  
 LINE 2 LESS CREDITS FOR DECLARATION PAYMENTS AND OVERPAYMENTS FROM PRIOR YEAR.....  
 LINE 3 BALANCE DUE (LINE 1 MINUS LINE 2).....  
 LINE 4 PENALTY \$ \_\_\_\_\_ PLUS INTEREST \$ \_\_\_\_\_ ENTER TOTAL.....  
 LINE 5 TOTAL AMOUNT DUE (LINE 3 PLUS LINE 4)  
 MAKE CHECKS PAYABLE TO CITY OF \_\_\_\_\_ FOR THIS AMOUNT.....  
 LINE 6 a OVERPAYMENT CLAIMED (IF LESS THAN \$1 NO REFUND IS PERMITTED)  
 b ENTER AMOUNT FROM LINE 6a TO BE TRANSFERRED TO 199.....  
 c ENTER AMOUNT FROM LINE 6a TO BE REFUNDED.....

**PART B**

**INCOME FROM SOURCES OTHER THAN WAGES, SALARIES AND COMMISSIONS. List Cities where income was earned or services were performed and complete appropriate schedules or attach Federal Schedules**

CITY \_\_\_\_\_  
 Column 7 Income (or Loss) Schedule C or Y.....  
 Column 8 Ordinary Income (Loss) Schedule D.....  
 Column 9 Rental Income (or Loss) Schedule E.....  
 Column 10 Other Income (or Loss) Schedule H.....  
 Column 11 Total Other Income (or Loss) (Total to Col. 2).....  
 ENTER TOTAL BY CITY IN COLUMN 2

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax Purpose. If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? [ ] Yes [ ] No

\_\_\_\_\_  
 Your signature Date  
 \_\_\_\_\_  
 Spouse's signature (if filing jointly, BOTH must sign)  
 \_\_\_\_\_  
 Social Security No. or I.D. Number

\_\_\_\_\_  
 Daytime telephone # if questions arise  
 \_\_\_\_\_  
 Preparer's signature  
 \_\_\_\_\_  
 Employer's name if any & phone #

**Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, D, E & H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.**

