

**FILE WITH: VILLAGE OF PEMBERVILLE
INCOME TAX DEPARTMENT**
115 MAIN STREET
PO BOX 109
PEMBERVILLE, OH 43450
PHONE: (419)287-3832
FAX: (419)287-3738

(TAX OFFICE USE ONLY)	
DEPOSIT#	_____
DATE	_____
AMT PD	_____
REVIEW	<input type="checkbox"/> FILE <input type="checkbox"/>
Account No.	_____
Federal ID No.	_____
Soc. Sec. No. (H)	_____
Soc. Sec. No. (W)	_____

Tax Year: Due Date: _____
Fiscal Period from _____ through _____

ENTER NAME AND ADDRESS:	IF YOU MOVE DURING THE YEAR, COMPLETE THIS BLOCK	
	Date moved into Pemberville	_____
	Previous Address	_____
	Date moved out of Pemberville	_____
	Present Address	_____
City, State, Zip	_____	_____
PHONE NO.	Landlord's name and address:	
FILING REQUIRED EVEN IF NO TAX DUE		

SECTION A - INCOME Indicate here if you are: Retired and have no taxable income
 Unemployed for the entire year Other _____

1. ENTER EMPLOYER'S NAME, WHERE EMPLOYED AND QUALIFYING WAGES, SALARIES, BONUSES, COMMISSIONS AND OTHER COMPENSATION RECEIVED.
IF ADDITIONAL SPACE IS NEEDED ATTACH SEPARATE SHEET.

EMPLOYER'S NAME (List W-2's separately)	CITY WHERE EMPLOYED	TAX WITHHELD FOR PEMBERVILLE	TOTAL WAGES PER W-2's & 1099's ATTACHED
W-2'S & 1099 MISC. FOR WAGES MUST BE ATTACHED			
1a. (IF THIS IS YOUR ONLY INCOME FO TO LINE 3)			1a.

(LOSSES FROM PAGE 2 MAY NOT BE DEDUCTED FROM W-2 EARNINGS)

2. PAGE 2 INCOME SCHEDULES C, E & H 2. _____
(returns will not be accepted without copies of federal schedules)

3. INCOME SUBJECT TO VILLAGE OF PEMBERVILLE TAX - OR (B) _____% (ALLOCATED PERCENTAGE) 3. _____

4. VILLAGE OF PEMBERVILLE INCOME TAX - 1% OF LINE 3. 4. _____

SECTION B - CREDITS

5a. PAYMENTS ON ESTIMATED TAX. 5a. _____

5b. CREDITS FROM PRIOR YEAR (CARRYOVERS). 5b. _____

6. VILLAGE OF PEMBERVILLE TAX WITHHELD. 6. _____

7. TOTAL CREDITS (ADD LINES 5a, 5b, AND 6). 7. _____

8. IF LINE 4 IS GREATER THAN LINE 7, ENTER DIFFERENCE. BALANCE DUE 8. _____

9. PENALTY (15% OF TOTAL AMT DUE). \$ _____
PLUS INTEREST (Federal short-term rate)(i.e. Tax due x .05 ÷ 12 x number of months late). \$ _____
TOTAL P/I. 9. _____

10. LATE FILING PENALTY (\$25.00 PER MONTH IN ADDITION TO LINE 9 IF FILED LATE) (shall not exceed \$150.00). 10. _____

11. TOTAL DUE - (PAYMENTS OF \$10.00 OR LESS ARE NOT REQUIRED) PAYABLE TO **VILLAGE OF PEMBERVILLE** 11. _____

12. IF LINE 7 IS GREATER THAN LINE 4 RESULTING IN OVERPAYMENT, PLEASE INDICATE IF YOU DESIRE
REFUND \$ _____ OR CREDITED TO TAX \$ _____
(OVERPAYMENT LESS THAN \$10.00 WILL NOT BE REFUNDED OR CARRIED FORWARD) 12. _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE, AND BELIEF IT IS TRUE, CORRECT & COMPLETE.

_____ (Signature of firm or person, other than taxpayer, preparing return)	_____ DATE	_____ SIGNATURE OF TAXPAYER	_____ DATE
_____ ADDRESS	_____ PHONE NO.	_____ SIGNATURE OF SPOUSE (IF JOINT RETURN)	_____ DATE

SCHEDULE C

PROFIT OR LOSS FROM BUSINESS OR PROFESSION - Attach a copy of Federal Schedules

Business Name	Business Address	
1. Net Profit or Loss		\$
2. Add items not Deductible (Schedule X Line M)		
3. Deduct Items not Taxable (Schedule X Line Z)		()
4. Adjust Net Profit of Loss		\$
5. Schedule Y _____% allocable to This Village		\$
6. Less allocable net loss carry-forward 5 year limit		\$
7. Net Profit of Loss (NET PROFIT ONLY, Line 4 or Line 7 enter on Line 2, Page 1)		\$

SCHEDULE E - INCOME FROM RENTS

Attach copy of Federal Schedules

1. Type & Address of property, City & State	2. RENT AMOUNT	3. DEPRECIATION	4. REPAIRS	5. OTHER EXPENSES	6. ELIGIBLE LOSS CARRY-FORWARD	7. NET INCOME (LOSS)

NOTE: LOSS Carry-Forward 5 year limit NET INCOME (OR LOSS) SCHEDULE E - Enter on Line 2, page 1 \$

SCHEDULE H - ALL OTHER TAXABLE INCOME - Attach a copy of Federal Schedules

Income from partnerships (1065), S Corporations (1120S), Farm, Estates, Trusts, Director's Fees, Ordinary Income (Form 4797) and other sources.

(Refer to the TAXABLE INCOME and NET PROFITS listing)

Received From	For (DESCRIBE)	Amount

TOTAL INCOME - Enter line 2, page 1 \$

FOR BUSINESS ACCOUNTS SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE/ITEMS NOT DEDUCTIBLE OF FEDERAL FORMS	DEDUCT
A. NET LOSS FROM CAPITAL OR OTHER ASSETS	\$	N. CAPITAL GAINS (FROM FED. SCHEDULE)	\$
B. EXPENSES APPLICABLE TO NON-TAXABLE INCOME	\$	O. INTEREST	\$
C. TAXES BASED ON INCOME (STATE AND/OR CITY)	\$	P. DIVIDENDS	\$
D. LOSS CARRIED BACK	\$	Q. ROYALTY INCOME (INTANGIBLE)	\$
E. LOSS CARRIED FORWARD PER FED. RETURN	\$	R. OTHER (EXPLAIN)	\$
F. GUARANTEED PYMTS TO PARTNERS OR COMP. OF S. CORP OFFICERS	\$		\$
G. SICK PAY NOT INCLUDED ON PAGE 1	\$		\$
H. CHARITABLE CONTRIBUTIONS (UP TO FED. ALLOWANCE)	\$		\$
I. OTHER (EXPLAIN)	\$		\$
M. TOTAL ADDITONS (Lines A through I)	\$	Z. TOTAL DEDUCTIONS (Lines N through R)	\$

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS VILLAGE	PERCENTAGE (B÷A)
STEP 1. AVG. ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$	\$	%
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	\$	\$	%
TOTAL STEP 1.	\$	\$	%
STEP 2. TOTAL WAGES, SALARIES, COMMISSIONS AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$	\$	%
STEP 3. GROSS RECEIPTS FROM SALES AND WORK/SERVICES PERFORMED	\$	\$	%
STEP 4. TOTAL PERCENTAGES	\$	\$	%
STEP 5. AVERAGE PERCENTAGES (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%

ENTER HERE AND ON SCHEDULE C, LINE 3B

SCHEDULE Z Partner's Distributive Shares of Net Income (From Federal Schedule 1065K and 1099)

1. NAME & ADDRESS OF EACH PARTNER	2. Residents		3. Dist. Shares of Partners		4. Other	5. Taxable	6. Amount
	Yes	No	Percent	Amount	Payments	Percentage	Taxable
(a)			%	\$	\$	%	\$
(b)			%	\$	\$	%	\$
(c)			%	\$	\$	%	\$
(d)			%	\$	\$	%	\$
7. TOTALS			100%	\$	\$		\$