

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

FILE

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:

Unemployed for the entire year

Retired and have no taxable income

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.

USE THE GREATER OF BOX 5 OR BOX 18 WHEN CALCULATING TAXABLE INCOME.

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 GO TO LINE 3)				1a.

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

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

\* Quarterly estimated tax payments are required for taxpayers with more than \$200 in annual net tax liability (tax liability less withholding credits)

\* Minimum quarterly tax estimate to avoid penalty and interest is line 4 minus Line 8 (or 90% of the current year tax liability after withholding credits) divided by 4.

\* Late payment penalty of 15% is charged on any unpaid income tax (including each quarter's unpaid or underpaid estimated tax).

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)

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