

FILE WITH AND MAKE CHECK PAYABLE TO:

City of Van Wert
Income Tax Department
515 E Main St
Van Wert, OH 45891
419-238-6020

DUE ON OR BEFORE: APRIL 15TH each year
(or Federal Revised due date)

CITY OF VAN WERT
BUSINESS INCOME TAX RETURN
FILING REQUIRED EVEN IF NO TAX IS DUE
FOR THE CALENDAR YEAR:
OR FISCAL PERIOD

Beginning: Ending:

Office Use Only:

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY:

BUSINESS ENTITY: CORP. PARTNERSHIP SOLE PROP. OTHER:

TAXPAYER'S INFORMATION:

Federal ID# (EIN) City Acct # (optional):

Name

Street Address

City, State, Zip

Phone Contact E-mail (optional):

DID YOU FILE A RETURN LAST YEAR? Yes No

IS THIS AN AMENDED RETURN? Yes No

IS THIS A "FINAL" RETURN? Yes No

IF YES, EXPLAIN:

- 1. TOTAL INCOME (From Line 15 Page 2)
2 a. ITEMS NOT DEDUCTIBLE (From Line i Schedule X on Page 2)
b. ITEMS NOT TAXABLE (From Line n Schedule X on Page 2)
c. DIFFERENCE BETWEEN LINES 2a AND 2b TO BE ADDED OR SUBTRACTED FROM LINE 1 (+ OR -)
3 a. ADJUSTED NET INCOME (Line 1 plus or minus Line 2c if Schedule X is used)
b. PRE-APPORTIONED LOSSES FROM TAX YEARS BEGINNING ON OR AFTER 1/1/17 UTILIZED
c. NET PROFIT (Line 3a minus Line 3b)
d. AMOUNT OF LINE 3c ALLOCABLE TO VAN WERT
4. AMOUNT SUBJECT TO VAN WERT INCOME TAX (Line 3c or 3d)
5. VAN WERT INCOME TAX 1.72% OF LINE 4 (Or % of Line 1 where applicable)
6. CREDITS: (a) Overpayment applied from tax return
(b) Payments on Declaration of Estimated Tax
(c) TOTAL CREDITS ALLOWABLE
7. BALANCE OF TAX DUE (Line 5 Less Line 6c)
8. OVERPAYMENT CLAIMED (If Line 6c Exceeds Line 5, Enter Difference here)
Enter amount of Line 8 You Want: Credited to your Est. Tax Refunded

DECLARATION OF ESTIMATED TAX (REQUIRED IF TAX DUE IS / OR WILL BE OVER \$200.00)

- 9. TOTAL INCOME SUBJECT TO TAX MULTIPLY BY TAX RATE OF 1.72% FOR GROSS TAX OF
10. LESS PAYMENTS ON TAXABLE INCOME TO ANOTHER MUNICIPALITY NOT TO EXCEED 25%
11. BALANCE
12. LESS EXPECTED TAX CREDITS: (a) Withheld by Employer for City of VAN WERT
(b) Overpayment from Prior Year(s)
(c) TOTAL CREDITS
13. NET TAX DUE (Line 11 Less Line 12c)
14. AMOUNT PAID WITH THIS DECLARATION (Not less than 1/4 of Line 13)

TOTAL AMOUNT DUE ON OR BEFORE APRIL 15TH (Line 7) Plus (Line 14) =

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 purposes. (All appropriate Forms & Schedules MUST be attached for this Return to be deemed "FILED" by the City of Van Wert)

SIGNATURE OF PREPARER (if other than taxpayer) DATE

SIGNATURE OF TAXPAYER OR AGENT DATE

ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

TITLE IF SIGNING FOR A BUSINESS

DO YOU AUTHORIZE YOUR PREPARER TO CONTACT US REGARDING THIS RETURN? (Please check box and initial) Yes No Initial(s):

MUST RETURN ORIGINAL DOCUMENT WITH SIGNATURE AND DATE TO THE VAN WERT CITY INCOME TAX OFFICE.

ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED

SCHEDULE C – PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION From Federal Schedule C, Form 1065, and/or Form 1120 (attach copies)

If Different From Page 1: Business Name and Address: _____

Kind of Business: _____

Indicate method of accounting: Cash Accrual Other (Describe): _____

1. If deductions for commissions are taken, supporting Form 1099's or facsimiles must be attached

2. If Deductions for "Rents Paid" are taken, please list:

Rents paid to: _____

Address: _____

NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION \$ _____

SCHEDULE D - ORDINARY INCOME FROM FORM 4797

TOTAL PROFIT (OR LOSS) \$ _____

SCHEDULE E - INCOME FROM RENTS (if not included in Schedule C above) (Federal Schedule E, Form 4835, and/or Form 8825)

Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Loss)

NET INCOME (OR LOSS) SCHEDULE E \$ _____

SCHEDULE H – ALL OTHER TAXABLE INCOME – INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, MISCELLANEOUS, ETC.

Received From	For (Describe)	Amount

TOTAL INCOME SCHEDULE H \$ _____

15. TOTAL SCHEDULES C, D, E, & H. ENTER ON PAGE 1, LINE 1 AND ATTACH SCHEDULES \$ _____

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital losses (Excluding ordinary losses).....	\$ _____	j. Capital gains (Excluding Ordinary Gains).....	\$ _____
b. Expenses applicable to non-taxable income.....	\$ _____	k. Interest Income.....	\$ _____
c. Taxes based on income.....	\$ _____	l. Dividends.....	\$ _____
d. Net operating loss deduction per Federal Return....	\$ _____	m. Other income exempt from city tax.	\$ _____
e. Payments to partners, including S Corp.....	\$ _____	Explain: _____	
f. Deferred comp and fringe benefits.....	\$ _____	_____	
g. Shareholders/Partners Health and/or Life Insurance	\$ _____	_____	
h. Other (Explain): _____	\$ _____		
i. Total Additions (enter on Line 2a of Page 1).....	\$ _____	n. Total Deductions (enter on Line 2b of Page 1)	\$ _____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	A. Located Everywhere	B. Located in Van Wert	C. Percentage (B÷A)
Step 1. Average original cost of real & tangible personal property.....	_____	_____	
Gross annual rentals multiplied by 8.....	_____	_____	
Total Step 1.....	_____	_____	_____ %
Step 2. Gross receipts from sales, services or work performed.....	_____	_____	_____ %
Step 3. Wages, salaries & other compensation paid employees.....	_____	_____	_____ %
Step 4. Total Percentages.....	_____	_____	_____ %
Step 5. Average Percentage (Divide Total Percentages by Number of Percentages Used).....	_____	_____	_____ %

SCHEDULE Z – PARTNER’S DISTRIBUTIVE SHARES OF NET INCOME (Include copies of ALL K-1’s)

Name & Address of each Partner	FID or SSN	Partner’s Percentage	Total Amount
This amount should be the same as that shown on Page 1, Line 1.....			