



Remit form & payment to:
 City of Van Wert
 Income Tax Department
 515 E Main St, Rm 207
 Van Wert, OH 45891
 419-238-6020

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

CITY OF VAN WERT
INDIVIDUAL INCOME TAX RETURN
FILING REQUIRED EVEN IF NO TAX IS DUE
 FOR THE CALENDAR YEAR: **2019**
 OR FISCAL PERIOD _____ TO _____

Office Use Only:

IF MOVED SINCE THE PREVIOUS FINAL RETURN WAS DUE, GIVE DATE:
 INTO CITY _____ OR OUT OF _____

TAXPAYER'S INFORMATION:

Name _____ SSN _____
 Joint Filer (if applicable) _____ SSN _____
 Street Address _____
 City, State, Zip _____
 Phone _____ Joint Filer Phone _____

Will you have taxable income next year? Yes No
 If No, Explain: _____

Name and Address of Landlord (if applicable):

NOTE: PAGE 2 ON THE BACK OF THIS FORM MUST BE COMPLETED IF YOU HAVE TAXABLE RENTAL PROPERTY OR BUSINESS INCOME.

IF YOU HAVE RETIREMENT OR UNEMPLOYMENT INCOME ONLY, PLEASE CHECK HERE , THEN SIGN, DATE AND RETURN THIS FORM.

1. MEDICARE WAGES [box 5 of W2] or LOCAL WAGES [box 18 of W2] use larger number (MUST Attach FEDERAL 1040 Page 1 & ALL W-2s) 1. _____
2. OTHER TAXABLE INCOME: From FEDERAL SCHEDULE C, E, F, K-1, 1099-MISC, W2-G (See Worksheet A, Line 6) 2. _____
3. ADJUSTMENTS: From Schedule X on Page 2..... 3. _____
4. TOTAL TAXABLE INCOME: ADD Lines 1, 2 & 3 (Losses on Line 2 may NOT be used to offset W-2 Income from Line 1)..... 4. _____
5. MUNICIPAL TAX: MULTIPLY Line 4 by CITY of VAN WERT TAX RATE of 1.72% (.01720)..... 5. _____
6. CREDITS: (Van Wert City SCHOOL DISTRICT taxes are NOT Credits – they may appear as 8104 VW, SD 8104, etc. on your W-2)
 - 6a. VAN WERT CITY TAX WITHHELD by EMPLOYER (see box 19 of W-2 / Van Wert, VW, VanW, etc.) 6a. _____
 - 6b. ESTIMATED TAX PAID (Quarterly payments made by you per State of Ohio House Bill 5) 6b. _____
 - 6c. OTHER OHIO Municipal/Village tax Withheld by Employer – at 25% CREDIT (attach proof) 6c. _____
 - 6d. CREDIT CARRY OVER from previous year return (if over \$10.00)..... 6d. _____
7. TAX DUE: Line 5 MINUS Line 6 (PAYMENT OF BALANCE MUST ACCOMPANY THIS RETURN) 7. _____
8. PENALTY, INTEREST and FEES: (Waived ONLY IF Return is filed by due date & ALL Estimated Payments made in full & on time)
 - 8a. UNDERPAYMENT of ESTIMATED TAX: Penalty \$ _____ PLUS Interest \$ _____ = 8a. _____
 - 8b. LATE FILING FEE (\$25.00 PER Month after April 15th, Up to \$150.00 Max – House Bill 5) 8b. _____
 - 8c. INTEREST on Extension (Extension of time to file does NOT waive the estimated tax requirement) 8c. _____
9. TOTAL TAX, PENALTY, INTEREST & FEES DUE: Add Line 7 and 8 AMOUNT OF \$10.00 OR LESS IS NOT PAYABLE, REFUNDABLE OR CONSIDERED CREDIT TO NEXT YEAR 9. _____
- 10a. OVERPAYMENT REFUNDED \$ _____ OR 10b. CREDITED TO 2020 \$ _____

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

11. INCOME SUBJECT TO TAX \$ _____ TIMES VAN WERT TAX RATE OF 1.72% FOR GROSS TAX OF..... 11. _____
12. LESS EXPECTED TAX CREDITS:
 - 12a. VAN WERT TAX WITHHELD BY EMPLOYER..... 12a. _____
 - 12b. OTHER OHIO Municipality / Village tax withheld – at 25% CREDIT..... 12b. _____
 TOTAL CREDITS: Add lines 12a and 12b..... 12. _____
13. NET TAX DUE: Line 11 MINUS Line 12..... 13. _____
 - 13a. CREDIT CARRY OVER from previous year return (if over \$10.00) see line 10b above..... 13a. _____
14. AMOUNT PAID WITH THIS DECLARATION: ¼ of Line 13 MINUS Line 13a..... 14. _____

TOTAL AMOUNT DUE ON OR BEFORE APRIL 15TH \$ _____ (Line 9) Plus \$ _____ (Line 14) =	Total Due April 15, 2020: \$ _____
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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 _____ DATE _____ SIGNATURE OF TAXPAYER _____ DATE _____

ADDRESS _____ SIGNATURE OF JOINT FILER (if applicable) _____ DATE _____

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.

WORKSHEET A – BUSINESS INCOME OR LOSS

Attach copies of ALL Federal Forms and Schedules used to compute your local income
Provide verification of tax paid directly to other cities with copies of applicable tax return(s)

SCHEDULES	Column A INCOME / (LOSS) FROM FEDERAL SCHEDULES	Column B ALLOCATED VAN WERT PERCENTAGE	VAN WERT TAXABLE INCOME (Column A × Column B For Line 1 through Line 4)
1. SCHEDULE C – BUSINESS INCOME (A separate allocation schedule is required for each Schedule C)	\$	%	1. \$
2. SCHEDULE E – RENTAL INCOME (Residents enter profit/loss from ALL properties. Non-Residents enter only profit/loss from VAN WERT properties)	\$	%	2. \$
3. SCHEDULE K-1 – PARTNERSHIP INCOME (Residents enter profit/loss from entities that do not withhold VAN WERT tax on entire distributive share)	\$	%	3. \$
4. MISCELLANEOUS INCOME: 1099-MISC, SCHEDULE F, Form 4835, W-2G, etc.	\$	%	4. \$
5. NET OPERATING LOSS CLAIMED TO OFFSET CURRENT YEAR BUSINESS INCOME (per previous year's VAN WERT income tax return, limited to 5 years) Attach worksheet and enter as a loss / deduction			5. \$
6. TOTAL INCOME (LOSS) Combine Lines 1 through 5 and enter this amount on Page 1, Line 2			6. \$

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

To be completed by ALL non-residents who earn a portion of their net profits in **Van Wert**

	A. Located Everywhere	B. Located in VAN WERT	C. Percentage (B ÷ A)
STEP 1: Average Original Cost of Real & Tangible Personal Property Gross Annual Rent Paid MULTIPLIED by 8... Total Step 1	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	_____ %
STEP 2: Wages, Salaries and Other Compensation Paid	\$ _____	\$ _____	_____ %
STEP 3: Gross Receipts from Sales Made and/or Work or Services Performed	\$ _____	\$ _____	_____ %
STEP 4: Total Percentages (ADD Percentages from Steps 1-3)			_____ %
STEP 5: Apportionment Percentage (DIVIDE total percentage from Step 4 by the number of percentages used – carry to Worksheet A, Column B)			_____ %

SCHEDULE X – ADJUSTMENTS TO INCOME

Part year residents, income not subject to tax, miscellaneous income, etc. (Attach Federal Schedules)

EXPLANATION:	Column 1 ADDITIONS	Column 2 DEDUCTIONS
NET ADJUSTMENT: (Combine Columns 1 & 2) Enter on Page 1 Line 3		

CITY OF VAN WERT INCOME TAX FORMS CAN NOT BE E-FILED ~ A PAPER COPY MUST BE SUBMITTED TO THE OFFICE

ADDITIONAL INSTRUCTIONS, INFORMATION, FORMS, ETC. CAN BE FOUND ON THE CITY OF VAN WERT WEBSITE: www.vanwert.org

Income Tax Office Hours: Monday through Friday from 8:00 AM to 4:30 PM