

File with  
OTTOVILLE INCOME TAX DIVISION  
Box 102  
Ottoville, Ohio 45876

VILLAGE OF OTTOVILLE  
INCOME TAX RETURN

For Jan. 1, ..... - Dec. 31, .....

Check your status  
as a Taxpayer  
EMPLOYEE  PROFESSIONAL   
PROPRIETOR  PARTNER   
CORPORATION  OTHER

Nature of Business or Occupation

RESIDENT  NON-RESIDENT

Did you have employees  
YES  NO

PLEASE ANSWER ABOVE QUESTIONS

Make Checks and Money Orders  
Payable To  
OTTOVILLE Income Tax Division

or

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 30.  
FISCAL and PARTIAL YEARS FILE WITHIN 105 DAYS of end of period.

NOTE 1: This return must be submitted by everyone who has income subject to Ottoville Income Tax from which Income Tax has not been withheld, regardless of whether or not a declaration has been filed.

NOTE 2: Any Taxpayer attaching a copy of his Federal Return or Schedules, where applicable, need not complete Pg. 2 (except Schedule Y, Pg. 2, when Line 5b, Pg. 1, is used).

IF ADDRESS IS INCORRECT PLEASE MAKE CORRECTION.

1. Enter total compensation received before any payroll deductions. If this is your only source of income, disregard Lines 2 thru 6 and compute your tax on Line 7.

Table with 5 columns: PRINT EMPLOYER'S NAME, CITY WHERE EMPLOYED, Ottoville Tax Withheld, WAGES, ETC., and a final column for totals. Rows include 1a. TOTALS, 2. Other Income, 3. Total Income, 4a. Items not deductible, 4b. Items not taxable, 5a. Adjusted Net Income, 6. Amount subject to Ottoville Income Tax, 7. Ottoville Income Tax, 8. Credits, 9a. Balance of Tax Due, 10. Amount payable to Ottoville Income Tax Division, 11. Overpayment claimed.

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

Table with 4 columns: ITEMS NOT DEDUCTIBLE, ADD, ITEMS NOT TAXABLE, DEDUCT. Rows include a. Net loss from sale, b. Interest and/or Other Expense, c. City Income Taxes, d. Withdrawals by Owner, e. Contributions, f. Other Deductions, m. Total Additions, n. Net gain from sale, o. Interest Income, p. Dividends, q. Income from Patents, r. Other income exempt, z. Total Deductions.

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:

Signature of Person Preparing, if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_

Address or Name and Address of Firm or Employer \_\_\_\_\_

Title \_\_\_\_\_

IMPORTANT NOTE: If you file this return in person at our office, bring both copies.

OFFICE COPY

SCHEDULE C - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

If copy of Federal Return and schedules are attached, omit this page (except schedule Y when Line 5b, page 1, is used).

IF DIFFERENT Business Name & Address
FROM PAGE 1 Nature of Business

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS
2. LESS: (a) Cost of Goods Sold, or (b) Cost of Operations, whichever is applicable
3. GROSS PROFIT FROM SALES, ETC., (line 1 less line 2)
4. DIVIDENDS \$; INTEREST \$; ROYALTIES \$
5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS
6. OTHER BUSINESS INCOME (Specify)
7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS
BUSINESS DEDUCTIONS
8. ADVERTISING AND PROMOTION
9. AUTO, TRUCK AND TRAVEL
10. BAD DEBTS
11. REPAIRS
12. INTEREST ON BUSINESS INDEBTEDNESS
13. a. INCOME TAXES ON BUSINESS
b. OTHER BUSINESS TAXES
14. a. COMPENSATION OF OFFICERS
b. Salaries & Wages-not deducted elsewhere
c. PAYMENTS TO PARTNERS
d. COMMISSION - FEES
15. DEPRECIATION, AMORTIZATION
16. RENTS (Paid to)
17. OTHER (List if over 10% Line 18)
a. Insurance
18. TOTAL BUSINESS DEDUCTIONS (Total of Lines 8 thru 17a)
19. NET PROFIT (or loss) FROM BUSINESS OR PROFESSION (Line 7 less Line 18)

20. SCHEDULE G - INCOME FROM RENTS (If not included in Schedule C.)

Table with 6 columns: Kind & location of property, Amount of Rent, Depreciation, Repairs, Other Expenses, Net Income (or loss)

NET INCOME (or loss) SCHEDULE G

21. SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C or G

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS: FEES, TIPS, ETC.
Received From, For (describe), Amount

TOTAL INCOME SCHEDULE H

22. TOTAL SCHEDULES C, G, & H. ENTER AS LINE 2, PAGE 1.

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

Table with 3 columns: a. Located Everywhere, b. Located in Ottoville, c. Percentage (b ÷ a)
STEP 1. Average Value of Real & Tangible Personal Property
STEP 2. Gross Receipts From Sales Made and/or Work Or Services Performed
STEP 3. Wages, Salaries, Etc. Paid
4. Total Percentages
5. Average Percentage (Divide Total Percentages by Number of Percentages Used - Carry to Line 5b, Page 1)

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

Table with 6 columns: 1. Name of each partner, 2. Address, 3. Distributive Shares of Partners (Percent, Amount), 4. Other Payments, 5. Taxable Percentage, 6. Amount Taxable

7. TOTALS from Schedule C above.

Has your Federal Tax Liability for any prior year been changed in the year covered by this return as a result of an examination by the Internal Revenue Service?

YES NO If yes, has an amended Ottoville Return been filed for such year or years? YES NO

File with  
**OTTOVILLE INCOME TAX DIVISION**  
Box 102  
Ottoville, Ohio 45876

# VILLAGE OF OTTOVILLE

## INCOME TAX RETURN

For Jan. 1, ..... - Dec. 31, .....

# 20.....

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as a Taxpayer

EMPLOYEE  PROFESSIONAL   
PROPRIETOR  PARTNER   
CORPORATION  OTHER

Nature of Business or Occupation

RESIDENT  NON-RESIDENT

Did you have employees  
YES  NO

PLEASE ANSWER ABOVE QUESTIONS

Make Checks and Money Orders  
Payable To  
**OTTOVILLE Income Tax Division**

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 30.  
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or

NOTE 1: This return must be submitted by everyone who has income subject to **Ottoville** Income Tax from which Income Tax has not been withheld, regardless of whether or not a declaration has been filed.

NOTE 2: Any Taxpayer attaching a copy of his Federal Return or Schedules, where applicable, need not complete Pg. 2 (except Schedule Y, Pg. 2, when Line 5b, Pg. 1, is used).

IF ADDRESS IS INCORRECT PLEASE MAKE CORRECTION.

1. Enter total compensation received before any payroll deductions. If this is your only source of income, disregard Lines 2 thru 6 and compute your tax on Line 7.

PRINT EMPLOYER'S NAME	CITY WHERE EMPLOYED	Ottoville Tax Withheld	WAGES, ETC.	
		\$	\$	
1a. TOTALS (If above is fully taxable and your only income, go next to Line 7.)		\$	xxxxxxxxxxxxxxxxxxxxxx	\$
2. Other Income from Line 22 Page 2 .....				
3. Total Income (Total of Lines 1 and 2 or per Federal Return attached) .....				
4a. Items not deductible (from Line m Schedule X below) .....		Add		
b. Items not taxable (from Line z Schedule X below) .....		Deduct		
c. Difference between Lines 4a. and 4b. to be added to or subtracted from Line 3 .....			xxxxxxxxxxxxxxxxxxxxxx	
5a. Adjusted Net Income (Line 3 plus or minus 4c.) .....				
b. Amount allocable to <b>Ottoville</b> if Schedule Y Page 2 is used (____% of Line 5a) .....				
6. Amount subject to <b>Ottoville</b> Income Tax (Line 1a, 2, 3, or 5a or 5b) .....				
7. <b>Ottoville</b> Income Tax 1% - Multiply Line 6 by .01 (or Line 1a. where applicable) .....				\$
8. Credits (A) <b>Ottoville</b> Tax withheld by employer(s) from Line 1a. ....		\$		
(B) Payments on this year's Declaration .....		\$		
(C) Income Taxes paid City of _____ (Limit 1%) .....		\$		
(X) Total Credits Allowable .....				\$
9a. Balance of Tax Due (Line 7 Less Line 8X) .....				\$
b. Penalty (1/2 of 1% per month or \$5 00) .....				\$
Interest (6% per year) .....				\$
10. Amount payable to <b>Ottoville</b> Income Tax Division (payment must accompany this form) .....				\$
11. Overpayment claimed _____ refund <input type="checkbox"/> credit to next year's Declaration <input type="checkbox"/> .				

### SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Net loss from sale, exchange or other disposition of capital or other assets .....		n. Net gain from sale, exchange or other disposition of capital or other assets .....	
b. Interest and/or Other Expense incurred in the production of non-taxable income .....		o. Interest Income .....	
c. City Income Taxes Paid or Accrued .....		p. Dividends (less Federal exclusion) .....	
d. Withdrawals by Owner .....		q. Income from Patents and Copyrights .....	
e. Contributions .....		r. Other income exempt from <b>Ottoville</b> Income Tax (explain) .....	
f. Other Deductions Not Allowable (explain) .....			
m. Total Additions (enter as Line 4a above) .....		z. Total Deductions (enter as Line 4b above) .....	

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:

Signature of Person Preparing, if Other Than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer or Agent \_\_\_\_\_ Date \_\_\_\_\_

Address or Name and Address of Firm or Employer \_\_\_\_\_

Title \_\_\_\_\_

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**TAXPAYER'S COPY**

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If copy of Federal Return and schedules are attached, omit this page (except schedule Y when Line 5b, page 1, is used).

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BUSINESS DEDUCTIONS

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Table for partners' distributive shares with columns: 1. Name of each partner, 2. Address, 3. Distributive Shares of Partners (Percent, Amount), 4. Other Payments, 5. Taxable Percentage, 6. Amount Taxable

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YES NO If yes, has an amended Ottoville Return been filed for such year or years? YES NO