

NAME OF MUNICIPALITY: _____

We, the taxpayers, elect to authorize a return preparer to communicate with the tax administrator about matters pertaining to this return.

By making this election, we, the taxpayers, authorize the tax administrator to contact the return preparer concerning questions that arise during the processing of the return and authorize the return preparer only to provide the administrator with information that is missing from the return, to contact the administrator for information about the processing of the return or the status of the taxpayer's refund or payments, and to respond to notices about mathematical errors, offsets, or return preparation that the taxpayer has received from the administrator and has shown to the return preparer.

SOCIAL SECURITY NO.: _____ SOCIAL SECURITY NO.: _____

IF YOU MOVED DURING THE YEAR YOU MUST COMPLETE THE FOLLOWING: DATE OF MOVE: _____

PRESENT ADDRESS: _____

PREVIOUS ADDRESS: _____

NAME AND ADDRESS: _____

A I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:

MAILING LABEL - PEEL OFF AND AFFIX TO YOUR ENVELOPE

- RETIREMENT INCOME ONLY CHILD SUPPORT/ALIMONY INTEREST AND/OR DIVIDENDS
 TOTAL/PERMANENT DISABILITY MILITARY PAY UNEMPLOYMENT PUBLIC ASSISTANCE

B EMPLOYER'S NAME (B-1)	CITY (B-2)	RESIDENT TAX WITHHELD (B-3)	CREDIT FOR OTHER CITY TAX (B-4)	W-2 WAGES (B-5)

ATTACH W2'S

- TOTAL** (ATTACH ALL W-2's) If your only source of income is from wages proceed to line 3. _____
- Income other than wages from Worksheet 1 _____
- Net amount subject to income tax: total of Lines 1 and 2..... _____
- Municipal Tax Due:
 | Botkins, Covington, Ft. Loramie, Minster, New Bremen, New Knoxville, Russia, St. Marys - 1.5% | Cridersville, Osgood - 1% | North Star - .5% | \$ _____
- Credits (A) Amount withheld for city of residence..... \$ _____
 (B) Credit for taxes paid to other cities (Cridersville limited to .25%) \$ _____
 (C) Payments on current declaration/credit - carry forward from previous year \$ _____
 (D) Total credits \$ _____
- Balance of tax due (line 4 minus line 5D) \$ _____
- a. Penalty _____ b. Interest _____ c. Late filing fee _____ \$ _____
- Amount payable with this return **PAY THIS AMOUNT** \$ _____
- Overpayment _____ refund credit to next year Declaration

DECLARATION OF ESTIMATED TAX

COMPUTATIONS FOR ESTIMATED TAX

- Estimated taxable income for year \$ _____
- Estimated tax due \$ _____
- Less: Tax to be withheld and/or paid to another city \$ _____
- Balance of estimated city income tax due \$ _____
- Credits: Overpayments claimed on line 9 (_____)
- Net Tax Due (line 13 less line 14) \$ _____

TAX OFFICE USE ONLY

Paid _____
 Balance Due _____

REFUNDS: Refunds are not processed as fast as state and federal refunds. On average, refunds take six weeks to receive. We advise you not to plan to meet a deadline with your city refund. Refunds are processed one time during a thirty day period. Missing documentation, errors, or other circumstances can delay refunds. Refunds cannot be processed until all information is received. By law, we have three months to issue a check after we have a complete return. We do intend to process your refund before this time; however, it will take more than 10 days. If you have not received a letter from us within 60 days, feel free to call our office to inquire.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated.

Signature of Taxpayer or Agent _____ Date _____ Telephone _____
 Signature of Spouse _____ Date _____ Telephone _____
 Signature of Paid Preparer _____ Date _____ Telephone _____

WORKSHEET 1 – INCOME OTHER THAN WAGES AND ALLOWABLE EMPLOYEE BUSINESS EXPENSE

Use this worksheet ONLY to report any income that is not reported on a W2. If you do not see your income listed here use the "misc" entry. If you are unsure if the income is taxable, call the tax department for clarification.

Schedule C line 31 or allocation from Worksheet 4 \$ _____
 Schedule E line 22 _____
 Schedule F _____
 Schedule K1 _____
 Form 4835 line 32 _____
 Form 1099 M (Do not report refunds, dividends, interest or retirement distributions) _____
 Misc _____
 Form 2106 from Worksheet 3 (_____)
 TOTAL Carry to line 2, page 1 \$ _____

ATTACH COPIES OF ALL FORMS AND SCHEDULES.

WORKSHEET 2 – PART YEAR RESIDENTS

List of all of your street addresses:

Address	City	State	Beginning Date	Ending Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all of your employers

Name of Employer	Beginning Date	Ending Date	Name of Employer	Beginning Date	Ending Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ATTACH W-2S HERE

Employer	Total box 5 wages	Total months you worked for this employer	Total months lived here while working for this employer
_____	_____	÷ _____ = _____	X _____ = _____
_____	_____	÷ _____ = _____	X _____ = _____
_____	_____	÷ _____ = _____	X _____ = _____
			Total taxable wage _____

Credit Employer	See Section B-4 instructions	Total City Withholding	Number of months worked for employer as indicated above	Number indicated above
_____	_____	_____	÷ _____ = _____	X _____ = _____
_____	_____	_____	÷ _____ = _____	X _____ = _____
_____	_____	_____	÷ _____ = _____	X _____ = _____
				Total credit allowed* _____

*Cridersville residents multiply total credits allowed by .25%

Write your totals on line 1, boxes B-4 and B-5

WORKSHEET 3 – 2106 EMPLOYEE BUSINESS EXPENSE

You must have filed the 2106 with the IRS. You will be allowed the same reduction as you were allowed by the IRS. The expense must be against income taxable to your city of residence. If the income is taxable to your city of employment, you must file the 2106 with your city of employment in order to receive a refund of tax paid. You must attach a copy of the 2106, 1040, and Schedule A with your city return.

Form 2106 line 10 _____ ÷ Schedule A line 24 _____ = _____ x Schedule A line 27 _____ = _____

NAME OF EMPLOYER(S) FOR WHICH YOU INCURRED BUSINESS EXPENSES: _____ JOB TITLE: _____ Carry to Worksheet Y

WORKSHEET 4 – SCHEDULE C

Small business ventures reported on Schedule C to the IRS are taxable to the city. This worksheet will assist in making the determination of where your small business is taxable. This worksheet can be used if you did not claim business use of your home and if you do not have any other property expenses such as rent and utilities. If you do have property related expenses or if you have employees, go to our website and download Schedule Y.

Product or service provided: _____ Date began: _____

Is all of your work performed at your home site? _____ If yes, record your net income or loss on Worksheet 1 and proceed on. If your answer is no, continue with this worksheet.

Work must be performed inside the city limits of a city before you are taxable to that city. Organize your work and determine how much you were paid for jobs inside different cities and list them here.

City	Amount received before expenses	Total gross receipts from Schedule C	%	Net Profit or Loss from Schedule C	Taxable
_____	_____	÷ _____ = _____	_____	X _____ = _____	_____
_____	_____	÷ _____ = _____	_____	X _____ = _____	_____
_____	_____	÷ _____ = _____	_____	X _____ = _____	_____

RESIDENTS: Record 100% of line 31 of Schedule C on Worksheet 1. Attach Worksheet 1, Schedule C, and copies of the other city returns for tax credit. List this tax credit on line 1, box 4.

NONRESIDENTS: Use the amount shown to be taxable to the city for which you are filing and list on Worksheet 1. Do not take credit for taxes paid to other cities.