

# 2016 WEST JEFFERSON INCOME TAX RETURN

WEST JEFFERSON INCOME TAX DEPT.

28 EAST MAIN ST. · WEST JEFFERSON, OHIO 43162 · 614-879-9757  
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IF YOU DO NOT ANTICIPATE HAVING TAXABLE INCOME NEXT YEAR INDICATE REASON ON DECLARATION FOR NEXT YEAR AND WE WILL CLOSE YOUR ACCOUNT.

PART YEAR RESIDENT FROM \_\_\_\_\_ TO \_\_\_\_\_

TAXABLE PERIOD BEGINNING \_\_\_\_\_ CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2017 OR THE IRS DUE DATE.  
AND ENDING \_\_\_\_\_ FISCAL AND PARTIAL YEARS, FILE BY THE 15TH DAY OF THE 4TH MONTH FOLLOWING END OF PERIOD.

Check Your Status as a Taxpayer:  Employee  Proprietor  Partner  Partnership  Corporation  Other

## INDIVIDUALS:

YOUR SOCIAL SECURITY NO. \_\_\_\_\_ YOUR EMPLOYER \_\_\_\_\_  
SPOUSE'S SOCIAL SECURITY NO. \_\_\_\_\_ SPOUSE'S EMPLOYER \_\_\_\_\_

## BUSINESS:

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

IF NAME OR ADDRESS IS INCORRECT - MAKE NECESSARY CHANGES

TO:

Cash  Check  Money Order  
CHECK OR MONEY ORDERS PAYABLE TO:  
WEST JEFFERSON INCOME TAX  
TO PAY BY CHARGE CARD:  VISA  MC  
Enter number and expiration date fully and accurately.  DISCOVER

Acct no. \_\_\_\_\_

3Digit Code \_\_\_\_\_ (Back of Card)

EXP. DATE: \_\_\_\_\_ AMT. CHARGED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## ALL W-2's, 1099's, FRONT PAGE OF 1040, ALL REFERENCED SCHEDULES MUST BE ATTACHED

1. TOTAL QUALIFYING WAGES (GENERALLY FOUND IN BOX 5 OF FORM W-2) ..... \$ \_\_\_\_\_
2. INCOME OTHER THAN WAGES FROM PAGE 2 (ATTACH COPY OF FEDERAL RETURN & SCHEDULES)(RENTALS) ..... \$ \_\_\_\_\_
3. TOTAL INCOME (TOTAL LINES 1AND 2) ..... \$ \_\_\_\_\_
4. INCOME TAX 1% OF LINE 3 ..... \$ \_\_\_\_\_
5. LESS: AMOUNT WITHHELD BY EMPLOYER(S) FOR WEST JEFFERSON \$ \_\_\_\_\_ ( \_\_\_\_\_ )
6. PAYMENTS AND CREDITS ON 2016 DECLARATION OF ESTIMATED INCOME ( THIS AMOUNT MAY NOT REFLECT LATE 4th QUARTER PAYMENTS. ) ..... ( \_\_\_\_\_ )
7. TAX DUE (MAKE CHECK PAYABLE TO: **WEST JEFFERSON INCOME TAX**) ..... \$ \_\_\_\_\_
8. PENALTY - 15% OF AMOUNT ON LINE 7 (IF NOT FILED AND PAID BY APRIL 15, 2017 OR THE IRS DUE DATE) \$ \_\_\_\_\_  
LATE FILE FEE - \$25 PER MONTH UP TO \$150 (IF NOT FILED BY APRIL 15, 2017 OR THE IRS DUE DATE)..... \$ \_\_\_\_\_
9. INTEREST - .42% PER MONTH (IF NOT FILED AND PAID BY APRIL 15, 2017 OR THE IRS DUE DATE)..... \$ \_\_\_\_\_
10. TOTAL DUE (LINE 7- 9) Note: Refund or Tax Due of less than \$10.01 not payable..... \$ \_\_\_\_\_
11. OVERPAYMENT CLAIMED            REFUND \_\_\_\_\_ CREDIT TO NEXT YEARS ESTIMATE \_\_\_\_\_ ..... \$ \_\_\_\_\_

THIS FORM MUST BE FILLED OUT AND FILED BY EACH INDIVIDUAL RECEIVING IT, WHETHER OR NOT HE OR SHE IS PAYING CITY TAX ELSEWHERE.  
IF YOU DO NOT HAVE WESTJEFFERSON INCOME TAX WITHHELD. YOU MUST FILE AND PAY ESTIMATED TAX.

## 2017 DECLARATION OF ESTIMATED WEST JEFFERSON, OHIO, INCOME TAX

(MUST BE COMPLETED IF ESTIMATED TAX LIABILITY IS AT LEAST \$200.00)

FOR THE PERIOD OF JANUARY 1, 2017 THROUGH DECEMBER 31, 2017 FILE ON OR BEFORE APRIL 15, 2017 OR THE IRS DUE DATE.

FISCAL PERIOD FROM \_\_\_\_\_ THROUGH \_\_\_\_\_

- |   |  |
|---|--|
| 1. Estimated Taxable Income For Year ..... \$ _____       | 5. Credits:  |
| 2. Estimated Tax Due – 1% of Line 1 ..... \$ _____        | Overpayment Claimed on Previous Year's Return ..... \$ _____ |
| 3. Less West Jefferson Tax To Be Withheld ..... \$ _____  | 6. Net Tax Due (Line 4 Less Line 5) ..... \$ _____           |
| 4. Balance of Estimated West Jefferson Tax ..... \$ _____ | 7. Amount Paid (22.5% of Line 6) ..... \$ _____              |

NOTE: 22.5% OF ESTIMATE IS DUE APRIL 15TH, 2017 OR THE IRS DUE DATE

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person preparing this other than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Taxpayer's husband or wife, if joint return \_\_\_\_\_ Date \_\_\_\_\_

Address of preparer \_\_\_\_\_

Phone # \_\_\_\_\_

**SCHEDULE C Profit (or Loss) from Business or Profession – Federal I.D. Number – Schedule C attached**

- 1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS ..... \$ \_\_\_\_\_
- 2. LESS Cost of Labor \$ \_\_\_\_\_ Materials, supplies and other costs \$ \_\_\_\_\_ ..... \$ \_\_\_\_\_
- 3. GROSS PROFIT FROM SALES, ETC., (LINE 1 LESS LINE 2) .....
- 4. INTEREST \$ \_\_\_\_\_ OTHER BUSINESS INCOME (Specify) \$ \_\_\_\_\_ .....
- 5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS ..... \$ \_\_\_\_\_

**BUSINESS DEDUCTIONS**

- 6. ADVERTISING AND PROMOTION ..... 11. DEPRECIATION, AMORTIZATION ..... \_\_\_\_\_
- 7. AUTO, TRUCK AND TRAVEL ..... 12. RENTS (Paid to \_\_\_\_\_) \_\_\_\_\_
- 8. INT. ON BUSINESS INDEBTEDNESS ... 13. OTHER (List if over 10% of Line 14) .... \_\_\_\_\_
- 9. a TAXES BASED ON INCOME ..... 14. TOTAL BUSINESS DEDUCTIONS ..... \$ \_\_\_\_\_
- b OTHER BUSINESS TAXES ..... 15. NET PROFIT (OR LOSS) FROM BUSINESS
- 10. SALARIES AND WAGES ..... OR PROFESSION (LINE 5 LESS LINE 14) ..... \$ \_\_\_\_\_

**SCHEDULE D Total from Federal Schedule D, Form 4797, attached** \$ \_\_\_\_\_

<b>SCHEDULE E Income from Rents Schedule E, attached</b>					
Kind & Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (Or Loss)

**SCHEDULE X NET INCOME (or loss) ..... \$ \_\_\_\_\_**

- 1. INCOME PER FEDERAL RETURN ATTACHED (OR LINE 15 ABOVE) ..... \$ \_\_\_\_\_
- 2. A. ITEMS NOT DEDUCTIBLE (from Line K Schedule X Below) ..... Add \_\_\_\_\_
- B. ITEMS NOT TAXABLE (From Line Z Schedule X Below) ..... Deduct \_\_\_\_\_
- C. ENTER EXCESS OF LINE 2A OR 2B .....
- 3. ADJUSTED NET INCOME (Line 1, Plus or Minus Line 2C) ..... \$ \_\_\_\_\_

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital Losses (Excluding ordinary losses) ..... \$ _____		N. Capital Gains (Excluding ordinary gains) ..... \$ _____	
B. Taxes based on Income .....		O. Interest, Dividend, Patent and Copyright Income .....	
C. 5% of Amount deducted as intangible income .....		P. Other (Attach Explanation) .....	
D. Guaranteed payments to partners .....			
E. Amounts for qualified self-employed retirement, health & life insurance plans for owners of non-C corporate entities or self-employment tax .....			
F. Other: Including REIT's & RIC's All amounts.....			
K. Total Additions (enter as Line 2a above) ..... \$ _____		Z. Total Deductions (Enter as Line 2b above) ..... \$ _____	

<b>SCHEDULE Y Business Allocation Formula</b>	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. Percentage (b+a)
	STEP 1. AVG. VALUE OF REAL & TANG. PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1	_____	_____
STEP 2. GROSS RECEIPTS FROM SALES MADE AND /OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS)	_____	_____	_____ %
STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES	_____	_____	_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used). %	_____	_____	_____ %

<b>SCHEDULE Z PARTNER'S SHARE OF INCOME</b>	2. Resident		3. Dist Share of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
1. NAME AND MUNICIPALITY OR TOWNSHIP OF EA. PARTNER				\$			\$
7. TOTALS from Section A			100	\$			\$