

2015 WEST JEFFERSON INCOME TAX RETURN

WEST JEFFERSON INCOME TAX DEPT.

28 EAST MAIN ST. · WEST JEFFERSON, OHIO 43162 · 614-879-9757

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, 2016 OR THE IRS DUE DATE.
AND ENDING _____ FISCAL AND PARTIAL YEARS, FILE WITHIN 105 DAYS FROM 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: _____

NOTE 1: Eliminate amounts less than 50 cents and increase any amount from 50 cents thru 99 cents to the next highest dollar.

ALL W-2's AND /OR 1099's MUST BE ATTACHED

1. ENTER GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, AND OTHER EMPLOYEE COMPENSATION \$ _____
2. INCOME OTHER THAN WAGES FROM PAGE 2 (ATTACH COPY OF FEDERAL RETURN & SCHEDULES)(RENTALS) \$ _____
3. TOTAL INCOME (TOTAL LINES 1 AND 2) \$ _____
4. INCOME TAX 1% OF LINE 3 \$ _____
5. LESS: AMOUNT WITHHELD BY EMPLOYER(S) FOR WEST JEFFERSON \$ _____ (_____)
6. PAYMENTS AND CREDITS ON 2015 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 - 10% OF AMOUNT ON LINE 7 (IF NOT FILED AND PAID BY APRIL 15, 2016 OR THE IRS DUE DATE) \$ _____
PENALTY - \$25 (IF NOT FILED BY APRIL 15, 2016 OR THE IRS DUE DATE) \$ _____
9. INTEREST - 12% PER ANNUM (IF NOT FILED AND PAID BY APRIL 15, 2016 OR THE IRS DUE DATE)..... \$ _____
10. TOTAL OF TAX, PENALTY AND INTEREST \$ _____
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.

2016 DECLARATION OF ESTIMATED WEST JEFFERSON, OHIO, INCOME TAX

FOR THE PERIOD OF JANUARY 1, 2016 THROUGH DECEMBER 31, 2016 FILE ON OR BEFORE APRIL 15, 2016 OR THE IRS DUE DATE.
FISCAL PERIOD FROM _____ THROUGH _____ FILE WITHIN 105 DAYS.

- | | |
|---|--|
| 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, 2016 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
- 7. AUTO, TRUCK AND TRAVEL
- 8. INT. ON BUSINESS INDEBTEDNESS ...
- 9. a TAXES BASED ON INCOME
- b OTHER BUSINESS TAXES
- 10. SALARIES AND WAGES
- 11. DEPRECIATION, AMORTIZATION
- 12. RENTS (Paid to _____)
- 13. OTHER (List if over 10% of Line 14)
- 14. TOTAL BUSINESS DEDUCTIONS \$ _____
- 15. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 5 LESS LINE 14) \$ _____

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

SCHEDULE E Income from Rents Schedule E, attached					
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) \$ _____

<u>ITEMS NOT DEDUCTIBLE</u>		<u>ADD</u>	<u>ITEMS NOT TAXABLE</u>		<u>DEDUCT</u>
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)	\$ _____	

SCHEDULE Y Business Allocation Formula	a. LOCATED EVERYWHERE		b. LOCATED IN THIS MUNICIPALITY		C. Percentage (b+a)
	Yes	No	Percent	Amount	
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). %	_____				

SCHEDULE Z PARTNER'S SHARE OF INCOME	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	\$ _____			\$ _____