

File With
INCOME TAX DEPARTMENT
 Village of Jefferson
 27 E. Jefferson st.
 Jefferson Ohio 44047
 440-576-3941

2018 JEFFERSON INCOME TAX RETURN

(TAX OFFICE USE ONLY)

Filing Required Even if No Tax Is Due

Fiscal Period _____ to _____

- CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 17, 2018
- FISCAL AND PARTIAL YEARS FILE WITHIN 105 DAYS OF end of period
- FILING EXTENSION REQUEST MUST BE RECEIVED BY NORMAL FILING DUE DATE

Make Checks and Money Orders Payable to
 Village of Jefferson

AUDIT	AUDIT
PF _____	
D _____	
P & I _____	
Check _____	
Cash _____	
Refund requested _____	

NAME (OR BUSINESS NAME)

Local Tax ID Number _____

SPOUSE NAME (IF JOINT FILER)

Soc. Sec. No. (Taxpayer) _____

RESIDENT

NON-RESIDENT

ADDRESS

Soc. Sec. No. (Spouse) _____

PART YEAR RESIDENT

CITY, STATE, ZIP

Fed. I.D. No. _____

MOVED INTO JEFFERSON ON: _____

OR MOVED OUT JEFFERSON ON: _____

Federal 1040, 1040A, 1040EZ (page 1) must be attached to individual returns

RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME - CHECK APPROPRIATE BOX, SEE INSTRUCTIONS

Taxpayer Spouse

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Retired - with only non-taxable income - Date Retired _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Only income was from a non-taxable source - List Source _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Under Age 18 - Birthdate _____ (VERIFICATION OF AGE REQUIRED FOR REFUND) |
| <input type="checkbox"/> | <input type="checkbox"/> | Active Duty Military |
| <input type="checkbox"/> | <input type="checkbox"/> | Deceased - Date _____ |

DID YOU APPLY FOR OR RECEIVE A LOCAL TAX REFUND FROM ANOTHER CITY DURING THIS YEAR?

Yes No

Credit not permitted for any amount refunded by city of employment.

1. Wages, Salaries, Tips and other employee compensation (ATTACH ALL W-2'S) \$ _____
2. Other income from Line 22 on reverse side of this form (see instructions) (A loss on line 2 cannot offset line 1)..... \$ _____
3. Total incomes (Total of Lines 1 and 2) \$ _____

4a. Items not deductible (Line H Schedule X)Add _____

b. Items not taxable (Line Q Schedule X)Deduct _____

c. Difference between Lines 4a, and 4b, to be added to or subtracted from Line 3 \$ _____

5a Adjusted Net Income (Line 3 plus or minus 4c) \$ _____

b. Amount allocable to Jefferson (If Schedule Y is used _____ % of Line 5a) \$ _____

6. Amount subject to Jefferson Income Tax (Line 3, 5a or 5b) \$ _____

7. JEFFERSON INCOME TAX - Multiply Line 6 by 1.5% (.015) \$ _____

8. Credits (a) JEFFERSON Tax Withheld by employer(s) from Line 19 of W2 \$ _____

(b) Payments on Current Declaration (or Credit) \$ _____

(c) Income Taxes paid Other City - Limit 1.5% of Gross City Wage for each W2 \$ _____

List City _____

(x) Total Credits Allowable \$ _____

9a. Balance of Tax Due (Line 7 less Line 8X) \$ _____

b. Late File Penalty (\$25.00 per month/\$150.00 maximum) Late Payment Penalty (15% of unpaid balance) Interest (.5% monthly 6% annual) \$ _____

10. TAX DUE (Pay In Full with this return if \$10.00 or more) Paid by Credit Card thru Official Payments \$ _____

11. Overpayment Claimed Refund - (No Refunds Under \$10.00) Credit To Next Year Declaration (No Credit under \$10.00) \$ _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2018

This section MUST BE COMPLETED if estimated tax is \$200.00 or more

12. Total estimated Income subject to tax \$ _____ Multiply by tax rate .0150 (1.5%) for gross tax .. \$ _____

13. Less any CITY TAX to be withheld \$ _____

14. Balance of JEFFERSON City Income Tax declared \$ _____

15. Less credits: A. Overpayment on previous years return \$ _____

B. Previous payment, If this is an amended estimate \$ _____

16 Unpaid balance of net tax due \$ _____

17. QUARTERLY ESTIMATE AMOUNT (at least 22.5% of line 16) \$ _____

GRAND TOTAL Total of TAX (line 10) and ESTIMATE PAYMENT (line 17)PAY THIS AMOUNT \$ _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figure used herein are the same as use for Federal Income Tax purposes.

I authorize the Income Tax Division to discuss my account with preparer named below.

Signature of Taxpayer or Agent _____ Date _____

Signature of Person Preparing if Other Than Taxpayer _____ Date _____

Signature of Spouse (If Filing Jointly) _____ Phone _____

Email Address _____

ATTACH ALL W-2 COPIES HERE

SCHEDULE C - PROFIT (or Loss) FROM BUSINESS OR PROFESSION

ATTACH COMPLETE COPY(S) OF: FEDERAL SCHEDULES C AND F OR FEDERAL RETURN 1065 - 1120 -1120-S
LISTING OF ALL SUBCONTRACTORS WHO WORKED IN JEFFERSON THROUGHOUT THE YEAR

18. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION \$

SCHEDULE E - INCOME FROM RENTS (if not included in Schedule C.) (Explain columns 3 - 4 - 5)

ATTACH COPY OF FEDERAL SCHEDULE E

1. Kind & Location of Property	2. Amount of Rent	3. Depreciation	4. Repairs	5. Other Expenses	6. Net Income (or Loss)
	\$	\$	\$	\$	\$

19. TOTAL RENTAL INCOME

SCHEDULE G - ORDINARY INCOME

ATTACH COPY OF FEDERAL FORM 4797

20. TOTAL ORDINARY INCOME

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

PARTNERSHIPS, ESTATES, TRUSTS, GAMING, WAGERING, LOTTERY, FEES, ETC. (Do not include interest, dividends, insurance and social security)

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT
		\$

21. TOTAL INCOME SCHEDULE H

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

FOR BUSINESS ACCOUNTS SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN AS REQUIRED BY ORC 718.

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses (IRS section 1231)..... \$	_____	i. Capital Gains (exclusive of gains treated as ordinary income for Federal Income Tax Purposes. Attach Federal Schedule D) \$	_____
b. Interest and/or Other Expense incurred in the production of non-taxable income	_____	m. Interest earned or accrued	_____
c. Income Taxes	_____	n. Dividends (less Federal exclusion)	_____
d. Five percent (5%) of intangible income reported on lines m, n & o	_____	o. Income from Patents and Copyrights	_____
e. Payment to partners	_____	p. Other exempt from Jefferson Tax (provide explanation)	_____
f. Net Operating Loss carried back or forward	_____		_____
g. Other not deductible (provide explanation)	_____		_____
h. Total Additions (enter on Line 4a)	_____	q. Total Deductions (enter on Line 4b)	\$ _____

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA

	a. Located Everywhere	b. Located in JEFFERSON	c. Percentage (b + a)
STEP 1. Average Original Cost of Real & Tangible Personal Property	_____	_____	
Gross Amount Rentals Paid Multiplied by 8	_____	_____	
TOTAL STEP 1	_____	_____	_____ %
STEP 2. Gross Receipts From Sales Made and/or Work Or Service Performed	_____	_____	_____ %
STEP 3. WAGES, SALARIES, Etc. Paid	_____	_____	_____ %
4. Total Percentages	_____	_____	_____ %
5. Average Percentage (Divide Total Percentages by Number of Percentages by Number of Percentages Used-Carry to Line 5b)			_____ %

SCHEDULE Z - PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

1. Name of each partner	2. Address	3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Percent	Amount			
(a)				\$	\$	\$
(b)						
(c)						
(d)						
7. TOTALS from Schedule C above		100	\$		xxxxxxxx	