

LEETONIA INCOME TAX RETURN

FOR THE CALENDAR YEAR 20 TAX RATE 1.5% DUE ON OR BEFORE APRIL 15
OR FISCAL YEAR TO
FILE FISCAL YEAR OR PARTIAL YEAR RETURN ON OR BEFORE 105 DAYS AFTER END OF PERIOD
FILE TAX RETURNS AND PAY TAXES PROMPTLY TO AVOID PENALTIES

CHECKED BY _____
PROCESSOR _____
AUDITED BY _____
REFUND APPROVED _____
REFUND CHECK NO. _____

CHECK NO. _____
PRINCIPAL BUSINESS ACTIVITY _____
INDICATE WHETHER EMPLOYEE SOLE PROPRIETOR PROFESSIONAL PARTNERSHIP ESTATE TRUST CORPORATION RESIDENT NON-RESIDENT
IMPORTANT EMPLOYER IDENTIFICATION NO. _____ SOCIAL SECURITY NO. (H) _____ (W) _____ PHONE NO. _____

- 1. ATTACH COPY OF FEDERAL RETURN AND SCHEDULES IN LIEU OF PAGE 2 SCHEDULE C, D, AND H.
- 2. HAS YOUR FEDERAL TAX LIABILITY FOR A PRIOR YEAR BEEN CHANGED IN THE YEAR COVERED BY THIS RETURN AS A RESULT OF AN EXAMINATION BY THE INTERNAL REVENUE SERVICE? YES NO
- 3. IF YES, HAS AN AMENDED LEETONIA RETURN BEEN FILED FOR SUCH YEAR OR YEARS? YES NO

ACCOUNT NUMBER

CASH CHECK M.O.
PAID WITH THIS RETURN

IF NAME OR ADDRESS IS INCORRECT, MAKE NECESSARY CHANGES

(CASHERS STAMP)

\$

IF YOUR ONLY SOURCE OF INCOME IS FROM WAGES, FILL IN THIS SECTION AND LOWERED OUTLINED SECTION

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.

A. EMPLOYER'S NAME (Attach form W-2 to back)	B. WHERE EMPLOYED	C. LEETONIA TAX WITHHELD	D. INCOME TAX PAID OTHER CITIES	E. WAGES ETC.	SUBMIT W-2(s)
		\$	\$	\$	
1a. TOTAL: IF NO OTHER TAXABLE INCOME, COMPUTE YOUR TAX ON LINE 7.		\$	\$	TOTAL WAGES, ETC.	

INCOME

- 2. INCOME OTHER THAN WAGES FROM PAGE 2 (NO OFFSET LOSS AGAINST W-2) \$
- 3. TOTAL INCOME (TOTAL LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) \$
- 4. (a) ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X BELOW) ADD \$
- (b) ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE BELOW) DEDUCT \$
- (c) ENTER EXCESS OF LINE 4a or 4b \$
- 5. (a) ADJUSTED NET INCOME (LINE 3, PLUS OR MINUS 4c) IF SCHEDULE X IS USED \$
- (b) AMOUNT ALLOCABLE TO LEETONIA IF SCHEDULE Y, PAGE 2 IS USED % OF LINE 5a \$
- 6. AMOUNT SUBJECT TO VILLAGE INCOME TAX (LINES 1a, 5a, 5b, 5c) \$

CREDITS

- 7. VILLAGE INCOME TAX --- 1.5% OF LINE 6 (OR LINE 1a WHERE APPLICABLE) \$
- 8. CREDITS (a) LEETONIA INCOME TAX WITHHELD BY EMPLOYERS \$
- (b) INCOME TAX PAID OTHER MUNICIPALITIES (1/2 of 1% of wage on which other city tax paid) \$
- (c) PAYMENTS ON 20 DECLARATION OF ESTIMATED TAX \$
- (d) TOTAL CREDITS ALLOWED OR PAID ON PRIOR RETURN IF THIS IS AN AMENDED RETURN \$
- 9. BALANCE DUE (LINE 7) LESS 8d) REMITTANCE PAYABLE TO "VILLAGE OF LEETONIA INCOME TAX" MUST ACCOMPANY THIS RETURN \$
- (a) OVERPAYMENT CLAIMED (IF LINE 8 EXCEEDS LINE 7 ENTER DIFFERENCE HERE) \$
- ENTER AMOUNT OF LINE 9a YOU WANT CREDITED TO YOUR 20 ESTIMATED TAX \$ REFUNDED \$
- 10. PENALTY \$ INTEREST \$ ENTER AMOUNT OF PENALTY PLUS INTEREST HERE \$
- 11. TOTAL AMOUNT DUE - PAY IN FULL WITH THIS RETURN \$

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

ITEMS NOT DEDUCTIBLE

ADD

ITEMS NOT TAXABLE

DEDUCT

- a. CAPITAL LOSSES (From Federal Schedule D) \$
- b. EXPENSES APPLICABLE TO NON-TAXABLE INCOME (NOT LESS THAN 5% OF LINE 2)
- c. INCOME TAXES (Federal-State-Municipalities)
- d. PAYMENTS TO PARTNERS OR COMPENSATION OF OFFICERS, SUBCHAPTER S CORPORATION
- e. SICK PAY EXCLUSIONS OMITTED IN LINE 1 ABOVE
- f. CONTRIBUTIONS (in excess of 5% of Net Profits)
- g. OTHER (Explain)
- m. TOTAL ADDITIONS (ENTER ON LINE 4a ABOVE) \$

- n. CAPITAL GAINS (Exclusive of Gains treated as Ordinary Income for Federal Income tax purposes. Attach Federal Schedule D) \$
- o. INTEREST EARNED OR ACCRUED (Subject to Ohio Intangible Personal Property Tax Obligations of the United States Government)
- p. DIVIDENDS
- q. INCOME FROM PATENTS AND COPYRIGHTS
- r. OTHER (Explain)
- z. TOTAL DEDUCTIONS (ENTER ON 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

MAIL TOP COPY (PART ONE) TO: VILLAGE OF LEETONIA INCOME TAX, VILLAGE HALL, LEETONIA, OHIO 44431

TAX DEPT. COPY

IF YOU HAVE MOVED DURING THE CALENDAR YEAR PLEASE ANSWER

MOVED INTO LEETONIA, OHIO ON _____ FROM _____

MOVED FROM LEETONIA, OHIO ON _____ TO _____

SCHEDULE C - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION - SOLE PROPRIETORSHIP - PARTNERSHIP - OR CORPORATION

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS \$
2. LESS (a) COST OF GOODS SOLD OR (b) COST OF OPERATION (WHICHEVER IS APPLICABLE) \$
3. GROSS PROFIT FROM SALES, ETC. (LINE 1 MINUS LINE 2)
4. DIVIDENDS \$ INTEREST \$ ROYALTIES \$
5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS
6. OTHER INCOME (SPECIFY)
7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS
8. DEPRECIATION (ATTACH SCHEDULE) \$
9. TAXES (ATTACH SCHEDULE)
10. RENTS (PAID TO)
11. REPAIRS (ATTACH SCHEDULE)
12. COMPENSATION OF OFFICERS
a. SALARIES & WAGES (NOT INCLUDED ELSEWHERE)
b. PAYMENTS TO PARTNERS
c. COMMISSIONS (ATTACH 1099 MISC.)
13. LEGAL & PROFESSIONAL FEES \$
14. SUB-CONTRACTORS (ATTACH LIST)
15. RETIREMENT PLAN (EMPLOYEES)
16. INTEREST ON BUSINESS INDEBTEDNESS
17. BAD DEBTS
18. AUTO, TRUCK AND TRAVEL
19. OTHER DEDUCTIONS (ATTACH SCHEDULE)
20. TOTAL BUSINESS DEDUCTIONS (TOTAL OF LINE 8 THROUGH 19)
21. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 7 MINUS LINE 20) \$
22. SALARIES AND WAGES: TOTAL PAID \$ TOTAL DEDUCTED IN SCHEDULE C \$
23. DIFFERENCE \$ EXPLANATION

SCHEDULE D -- TOTAL FROM FEDERAL SCHEDULE D FORM 4797; INDIVIDUALS LINE 9(b) (2) ALL OTHERS LINE 9. IF NOT INCLUDED IN SCHEDULE C \$

SCHEDULE G -- INCOME FROM RENTS (IF NOT INCLUDED IN SCHEDULE C) ATTACH SCHEDULE EXPLAINING COLUMNS 3, 4, AND 5

Table with 6 columns: 1. KIND AND LOCATION OF PROPERTY, 2. AMOUNT OF RENT, 3. DEPRECIATION, 4. REPAIRS, 5. OTHER EXPENSES, 6. NET INCOME (or loss)

TOTAL INCOME (OR LOSS) SCHEDULE G \$

SCHEDULE H - OTHER INCOME NOT INCLUDED IN SCHEDULES C, D OR G.

Table with 3 columns: RECEIVED FROM, FOR (DESCRIBE), AMOUNT

TOTAL INCOME SCHEDULE H \$

TOTAL SCHEDULES C, D, G AND H, ENTER ON LINE 2, PAGE 1. \$

SCHEDULE Y -- BUSINESS APPORTIONMENT FORMULA

Table for business apportionment formula with columns: a. LOCATED EVERYWHERE, b. LOCATED IN LEETONIA, c. PERCENTAGE. Includes steps for average original cost of real estate, wages, salaries, etc. paid, and gross receipts from sales.

SCHEDULE Z --- PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

Table with 6 columns: 1. NAME AND ADDRESS OF EACH PARTNER, 2. RESIDENT (YES/NO), 3. DISTRIBUTIVE SHARES OF PARTNERS (PERCENT/AMOUNT), 4. OTHER PAYMENTS, 5. TAXABLE Percentage, 6. TAXABLE AMOUNT