

## INSTRUCTIONS FOR FILING LEIPSIC INDIVIDUAL INCOME TAX RETURNS

### TAX CALCULATION

**LINE 1:** Enter total amount of Qualifying Wages, usually found in Box 5 on W-2 (Medicare Wages). Attach all W-2's.

**LINE 2:** If you have business income (Federal Schedules C, E, F, 1099-MISC, K-1, 2106) please complete Worksheet A on page 2 to calculate your taxable income. Please include copies of any forms which show the income reported. If you are not including income from line 21 of your federal form, please provide an explanation as to why it is not taxable. After completing Worksheet A enter the total from Line 11 on Line 2.

**Line 3:** Line 1 Plus Line 2. (NOTE: Losses on Line 2 cannot offset taxable wages from line 1c)

**Line 4:** Multiply Line 3 by 1.5% (.015).

**Line 5a:** Enter the amount of Leipsic tax withheld from W-2's.

**Line 5b:** Enter the amount of tax paid for or withheld to another Municipal Corporation, not to exceed 1.5%. Attach supporting documentation in the form of W-2's or tax returns submitted to another Municipal Corporation.

(NOTE: This credit is for RESIDENTS ONLY)

**Line 5c:** Enter the amount of Estimated tax payments including amounts paid with an extension.

**Line 5d:** Enter the amount of prior year credits.

**Line 5e:** Add Lines 5a, 5b, 5c and 5d.

**Line 6:** Line 4 minus Line 5e.

**Line 7a:** Enter the amount of penalty, if applicable. The penalty rate is 15% of the amount not timely paid.

**Line 7b:** Enter the amount of interest, if applicable. Interest is imposed on all tax not timely paid. The rate is adjusted annually based on the federal short-term rate + 5%.

**Line 7c:** If the return is past due a late filing penalty is imposed at the rate of \$25.00 per month (or fraction thereof) not to exceed \$150.00. This penalty is due in addition to all other penalties and is imposed even if no tax is due. Enter the applicable amount.

**Line 7d:** Add Lines 7a through 7c.

**Line 8:** Add Line 6 to Line 7d, this is your balance due. If Line 8 reflects an overpayment, enter this amount on Line 9.

**Line 9:** Overpayment from Line 8. (Select Refund or Credit to Next Year, Only amount of \$10.00 or more will be processed)

NOTE: If you are required to pay estimated tax payments, you must continue and complete Part B of this return.

### DECLARATION OF ESTIMATED TAX FOR 2017

**Line 10:** Enter the amount of estimated income for 2017. Multiply by 1.5% to determine the total tax due for 2017.

**Line 11:** Enter the amount from Line 5a and Line 5b amount of credits

**Line 12:** Line 10 minus Line 11

**Line 13:** Multiply Line 12 by 25% to determine the amount of estimated tax due for the first quarter

### MAIL COMPLETED RETURNS TO:

Village of Leipsic-Tax Department  
142 E Main St.  
Leipsic, Oh 45856

Phone: 419-943-2492  
Fax: 419-943-2010  
[renee.spangler@leipsic.com](mailto:renee.spangler@leipsic.com)  
[www.leipsic.com](http://www.leipsic.com)