

LEIPSIC INCOME TAX RETURN

FORM R

File with:
Leipsic Income Tax Dept.
142 East Main Street
Leipsic, OH 45856
On or before April 30

FOR THE YEAR

Fiscal Years Fill in Dates
Beginning 20__
Ending 20__
And File Within 4 Months

A - 1 PERSONAL & WAGE INFORMATION

1. INDIVIDUAL - SINGLE OR SEPARATE INDIVIDUAL - JOINT RETURN CORPORATION FIDUCIARY TRUSTS & ESTATES PARTNERSHIP ENTITY

2. HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? YES NO ARE YOU A RESIDENT OF LEIPSIC? YES NO

3. SHOULD YOUR ACCOUNT BE INACTIVATED? YES NO IF YES, PLEASE EXPLAIN:

4. TRADE NAME:

NATURE OF BUSINESS:

5a. DID YOU FILE A CITY RETURN LAST YEAR?

YES NO

IF YES, FROM WHAT ADDRESS? (if different)

5b. IS THIS A CONSOLIDATED CORPORATION RETURN?

YES NO

6. SOCIAL SECURITY NUMBER/F.ID. NUMBER:

Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, D, E & H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

THIS SPACE FOR TAX OFFICE USE ONLY

YOUR NAME, ADDRESS, & SOCIAL SECURITY NUMBER / F.I.D. NUMBER, IF PRINTED ABOVE, ARE AS THEY APPEAR ON OUR RECORDS. MAKE CORRECTIONS WHERE NECESSARY. IF YOU ARE FILING A JOINT RETURN, INCLUDE YOUR SPOUSE'S SOCIAL SECURITY NUMBER.

ENTER EMPLOYER'S NAME WHERE EMPLOYED AND GROSS WAGES, SALARIES, BONUSES, COMMISSIONS, TIPS, ETC. ATTACH COPY OF W-2 FORM(S)

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax Withheld	Wages, Etc.

TAX CALCULATIONS

INCOME	1a. TOTALS (if above is fully taxable and your only income, go next to Line 7)	
	2. OTHER INCOME: FROM LINE 22 PAGE 2	
	3. TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED)	
ADJUST- MENTS TO INCOME	4a. ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X ON PAGE 2) ADD	
	b. ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X ON PAGE 2) DEDUCT	
	c. DIFFERENCE BETWEEN LINES 4a AND b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -)	
	5a. ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used)	
	b. Amount of Line 5a Allocable to Leipsic (_____ % from line 5 Schedule Y)	
	c. LESS ALLOCABLE NET LOSS PER PREVIOUS LEIPSIC INCOME TAX RETURNS (Submit Schedule)	
	6. AMOUNT SUBJECT TO LEIPSIC INCOME TAX (LINE 5a OR 5b LESS LINE 5c)	
TAX	7. LEIPSIC INCOME TAX 1½% OF LINE 6 - (Or 1½% of Line 1a where applicable)	
ALLOWABLE CREDITS	8. CREDITS: (a) Leipsic tax withheld by employer(s) as shown on line 1a above	
	(b) Payments and credits on 20__ Declaration of Estimated Tax	
	(c) Earned income taxes paid City of _____ (Resident individuals only) (maximum of 1½%)	
	(d) TOTAL CREDITS ALLOWABLE	
	9. BALANCE OF TAX DUE (Line 7 Less Line 8d) Make Remittance Payable to City of Leipsic and Attach When Filing.	
	10. OVERPAYMENT CLAIMED (If Line 8d Exceeds Line 7. Enter Difference in Box at Right).	
	Enter Amount of line 10 You Want: Credited to your 20__ Tax \$ _____ Refunded \$ _____	

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 ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES, AND UNDERSTANDS THAT THIS INFORMATION MAY BE RELEASED TO THE TAX ADMINISTRATION OF THE CITY OF RESIDENCE AND THE I.R.S.

SIGNATURE OF TAXPAYER _____ DATE _____

SIGNATURE OF TAXPAYER _____ DATE _____

SIGNATURE OF PERSON PREPARING RETURN _____ DATE _____

PAID PREPARER'S SS# OR FID # _____ PHONE (Optional) _____

OFFICE USE ONLY

NOTE: YOU MUST ATTACH ALL W-2 STATEMENTS AND APPLICABLE FEDERAL TAX DOCUMENTS. DUE ON OR BEFORE APRIL 30TH. SEE INSTRUCTIONS FOR PENALTY, INTEREST AND LATE FILING FEES. MAKE CHECKS PAYABLE TO: Village of Leipsic, Tax Department, 142 E. Main St., Leipsic, OH 45856. NOTE: DO NOT SEND CASH THROUGH U.S. MAIL.

NAME, ADDRESS AND SSN/F.ID.

ATTACH CHECK HERE

ATTACH FORM W-2 AND ALL APPLICABLE FEDERAL SCHEDULES TO BACK OF RETURN

SCHEDULE C - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION

From Federal Schedule C, Form 1065, and/or Form 1120

IF DIFFERENT Business Name &/or Address _____

FROM PAGE 1 Kind of Business _____

Indicate method of accounting: Cash Accrual Other (Describe) _____

- If deductions for commissions are taken, supporting Form 1099's or facsimiles must be attached.
- If deductions for "Rents Paid" is taken, please list:

Rents paid to _____
Address _____

NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION \$ _____

SCHEDULE D - ORDINARY INCOME FROM FORM 4797

TOTAL PROFIT (OR LOSS) \$ _____

SCHEDULE E - INCOME FROM RENTS AND/OR FORM 4831 (If not included in Schedule C above)

KIND & LOCATION OF PROPERTY	AMOUNT OF RENT	DEPRECIATION	REPAIRS	OTHER EXPENSES	NET INCOME (LOSS)

NET INCOME (OR LOSS) SCHEDULE E \$ _____

SCHEDULE H - ALL OTHER TAXABLE INCOME - INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, TIPS, MISCELLANEOUS, ETC.

RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H \$ _____

22. TOTAL SCHEDULES C, D, E, & H. ENTER ON PAGE 1, LINE 2 AND ATTACH SCHEDULES \$ _____

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN
SEE INSTRUCTIONS BEFORE MAKING ENTRIES BELOW.

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital losses (Excluding ordinary losses)	\$ _____	n. Capital gains (Excluding ordinary gains)	\$ _____
b. Expenses incurred in the production of non-taxable income	_____	o. Interest income (See instructions)	_____
c. City and/or state income taxes (See instructions)	_____	p. Dividends (See instructions)	_____
d. Net operating loss deduction per Federal Return	_____	q. Other income exempt from city tax (Explain)	_____
e. Payments to partners	_____	r.	_____
f. Contributions to a retirement plan by a self-employed individual or by an employee	_____	s. Employee business expense (attach 2106)	_____
g. Other (Explain)	_____	z. Total Deductions (enter on Line 4b on Page 1)	\$ _____
m. Total Additions (enter on Line 4a on Page 1)	\$ _____		

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

	a. LOCATED EVERYWHERE	b. LOCATED IN CITY	c. PERCENTAGE (b - a)
STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERS. PROP. GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1	_____	_____	_____ %
STEP 2. WAGES, SALARIES, ETC. PAID EMPLOYEES	_____	_____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES			_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used)			_____ %

SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME

1. NAME AND CITY OR TOWNSHIP OF EACH PARTNER	2. Resident		3. Distributive shares of Partners		6. Amount Taxable	4. Other Payments	5. Taxable Percentage
	Yes	No	Percent	Amount			
				\$ _____	\$ _____		
7. TOTALS from Schedule C above	XXXX	XXX	100	\$ _____		XXXXXXX	