MAIL TO: DEPARTMENT OF TAXATION

VILLAGE OF HOLGATE

327 Railway, P.O. Box 217
Holgate, Ohio 43527

TAX OFFICE USE ONLY
code # ______
Processed by ______
☐ CASH ☐ M.O. ☐ CHECK
$ ______

Tax Year ______ Due Date ______
Fiscal Period from ______ 20 ____ through ______ 20 ____

NAME AND ADDRESS

Account Number ______
Federal ID Number ______

SOCIAL SECURITY NUMBERS

Yours			
Spouse			

Phone ( )

Indicate here if you are not required to file. ☐ Retired ☐ Unemployed ☐ Other ______

1. WAGES -- If Your Only Source of Income Is From Wages Complete Page 1 Only.

W-2 COPIES MUST BE ATTACHED	EMPLOYER'S NAME	WHERE EMPLOYED	CITY TAX WITHHELD	TOTAL W-2 WAGES
	TOTALS		$	$

2. OTHER TAXABLE INCOME (From Page 2) .... $ ______
3. TOTAL INCOME (Total Lines 1 & 2) .... $ ______
4. A. NET PROFIT FROM BUSINESS OR PROFESSION .... $ ______
B. INCOME FROM PARTNERSHIP, ETC., including farms .... $ ______
5. TOTAL TAXABLE INCOME (Total Lines 3 & 4a, b) .... $ ______
6. TAX DUE (line 5 multiplied by tax rate) ....**1%**........ $ ______
7. A. INCOME TAX WITHHELD .... $ ______
(No credit allowed for taxes paid to other localities)
B. TAXES PREPAID ON ESTIMATE .... $ ______
C. CREDITS FROM PRIOR YEAR .... $ ______
D. TOTAL CREDITS (Lines a, b and c) .... $ ______
8. BALANCE OF TAX DUE .... $ ______
9. OVERPAYMENT TO BE ☐ REFUNDED OR ☐ CREDITED TO NEXT YEAR $ ______

I declare that the information in this tax return has been examined by me and to the best of my knowledge and belief, is a true and complete return.

(Signature of firm or person, other than taxpayer, preparing return) Date (Signature of Taxpayer) Date

DECLARATION OF ESTIMATED TAX FOR YEAR 20 ______

Acct. # ______

Name ______

1. Estimated income subject to municipal tax $ ______. Multiply by tax rate ______% Estimated Tax Due $ ______
2. LESS TAX TO BE WITHHELD
   a. By Employer ....$ ______
   b. By an employer in (name of city)(See instructions)........$ ______
   c. Overpayment on previous year's return (Line 9)........$ ______
   d. Total Credits (a,b,c)........ $ ______
3. Balance of Estimated Tax (Line 1 minus Line 2)........ $ ______
4. Amount paid with this return (not less than 1/4 of line 3)........ $ ______

Make remittance payable to City shown above.

(1) ORIGINAL (2) TAXPAYER COPY

Signature

B-315

NOTE - If Column A is used. Disregard Column B)

	COLUMN A As shown by Federal Return	COLUMN B Allocable To Uhrichsville
1. Net Profit or Loss per your Federal Income Tax Return (attach income statement)…………	$	$
2. Add items not deductible under Tax Ordinance (Schedule X)…………………………………		
3. Deduct items not taxable under Tax Ordinance (Schedule X)…………………………………		
4. Adjusted Net Profit………………………………………………………………………………		$
5. %(as determined by Business Allocation Formula) of Line 4. Col. A……...		xxxxx
6. Net Profits - Line 5. Column A: or Line 4. Column B (Enter on Line 3 - Page 1)………………	$	$

SCHEDULE X

ADJUSTMENT OF NET PROFIT OR LOSS LINE 1, SCHEDULE C ABOVE, TO EXCLUDE INCOME NOT TAXABLE AND EXPENSES NOT ALLOWABLE, UNDER INCOME TAX ORDINANCE

Schedule X entries are allowed only to the extent directly included in determination of net profits as shown in your Federal Return.

Items Not Deductible - **ADD**		Items Not Taxable - **Deduct**	
a. Withdrawal by proprietor or partners, if included in any expense accounts………………..	$	e. Capital Gains…………………………	$
b. All income taxes paid or accured………………….		f. Other - attach explanation citing legal basis for deduction………………….	
c. Net operating loss carry-forward, from Federal Return…………………………………			
d. Capital losses………………………………………..			
Total Additions (enter on Line 2, Schedule C above)…………………	$	Total Deductions (enter on Line 3, Schedule C, above)…	$

SCHEDULE G - INCOME FROM RENTS not included in Schedule C above (Copy from Federal Income Tax schedule)

Location of Property	Amt. Rent	Depreciation	Repairs	Other Expense	Net Income
	$	$	$	$	$
Total	$	$	$	$	$

(If total gross monthly rental from all properties does not exceed $100.00 DO NOT show any Net Income here)………… ………..$ ____________

BUSINESS ALLOCATION FORMULA	a. Located Everywhere	b. Located in Municipality	Percentage b divided by a)
Step 1. Average Value of Real & Tangible Personal Property…….	$	$	xxxxxx
Gross Annual Rentals multiplied by 8…………………………….	$	$	xxxxxx
Total Step 1…………………………………………………………	$	$	%
Step 2. Net Sales……………………………………………………	$	$	%
Step 3. Wages, Salaries Paid………………………………………	$	$	%
Step 4. Total Percentages	xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxx	%

Step 5. Average percentage (Divide total percentages by number of percentages used. Carry to Line 5 - Schedule C, above) ___________%