

We, the taxpayer, elect to authorize a return preparer to communicate with the tax administrator about matters pertaining to this return. By making this election, we, the taxpayer, authorizes the tax administrator to contact the return preparer concerning questions that arise during the processing of the return and authorizes the return preparer only to provide the administrator with information that is missing from the return, to contact the administrator for information about the processing of the return or the status of the taxpayer's refund or payments, and to respond to notices about mathematical errors, offsets, or return preparation that the taxpayer has received from the administrator and has shown to the return preparer.

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15.
 FISCAL AND PARTIAL YEARS FILE BY THE 15TH DAY OF THE 4TH MONTH FOLLOWING THE END OF THE PERIOD.

FEDERAL IDENTIFICATION NUMBER _____ SOCIAL SECURITY NO. _____

NAME AND ADDRESS	<div style="border: 1px dashed black; width: 80%; margin: 0 auto; height: 60px;"></div> <p>MAILING LABEL - PEEL OFF AND AFFIX TO YOUR ENVELOPE</p>
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1. Income other than Wages from Schedule Z			
2. Adjustment from Schedule X Line C			
3a. Net amount subject to Income Tax total of Lines 1, 2, plus or minus line 3			
b. Amount allocable if Schedule Y is used (_____ % of Line 4a)			
4. Allowable loss from Schedule W			
5. Total Taxable Income			
6. Municipal Tax Due: Anna - 1.75% • Botkins, Ft.Loramie, Minster, New Bremen, New Knoxville, Russia, St.Marys - 1.5% • Osgood - 1%			\$
7. Credits (A) Amount withheld for city of residence	\$		
(B) Credit - carry forward from previous year	\$		
(C) Payments on Current Declaration	\$		
(D) Total Credits			\$
8a. Balance of Tax Due (Line 7 minus Line 8D)			\$
b. Penalty _____ Interest _____			\$
9. Amount payable with this return (payment must accompany this form)		PAY THIS AMOUNT	\$
10. Overpayment <input type="text"/> refund <input type="checkbox"/> credit to next year Declaration <input type="checkbox"/>			

DECLARATION OF ESTIMATED TAX FOR CALENDAR YEAR _____ to _____	(TAX OFFICE USE ONLY)
Computations of Estimated Tax Estimated Taxable Income for Year \$ _____ Estimated Tax Due: \$ _____ Less: Tax to be withheld and/or paid to another city \$ _____ Balance of Estimated City Income Tax Due \$ _____ Credits: A. Over payments claimed on previous year's return (_____) B. Total Credits \$ _____ Net Tax Due (line 15 less line 16B) \$ _____ Amount of tax payment enclosed with this return (Attach check for at least 22.5 percent of line 17 and 100 percent of line 9) \$ _____	Paid _____ Balance Due _____

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated.

Signature of Taxpayer or Agent	Date	Signature of Paid Preparer	Date
Title		Street Address of Firm or Employer	
City	State	Telephone	

**SCHEDULE W
ALLOWABLE LOSS CARRY FORWARD**

YEAR	Loss attributed to this municipality
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____ carry to line 4, page 1

SCHEDULE X RECONCILIATION WITH FEDERAL INCOME TAX RETURN

A. ITEMS NOT DEDUCTIBLE (FROM LINE J SCHEDULE X BELOW) ADD _____
 B. ITEMS NOT TAXABLE (FROM LINE O SCHEDULE X BELOW) DEDUCT _____
 C. ENTER TOTAL OF LINE A AND B (enter on line #2, pg. 1) → \$ _____

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. CAPITAL LOSSES DEDUCTED (EXCLUDING ORDINARY LOSS)	\$ _____	I. CAPITAL GAINS (EXCLUDING ORDINARY INCOME).....	\$ _____
B. EXPENSES ATTRIBUTABLE TO NON-TAXABLE INCOME (5%).....	_____	J. INTEREST EARNED OR ACCRUED.....	_____
C. TAXES BASED ON INCOME.....	_____	K. DIVIDENDS.....	_____
D. NET OPERATING LOSS DEDUCTION PER FEDERAL RETURN.....	_____	L. INCOME FROM PATENTS AND COPYRIGHTS IF SUBJECT TO OHIO INTANGIBLE TAX.....	_____
E. PAYMENTS TO PARTNERS.....	_____	M. JOBS CREDIT.....	_____
F. SPECIAL DEDUCTION.....	_____	N. OTHER INCOME EXEMPT FROM CITY TAX (EXPLAIN).....	_____
G. SHAREHOLDERS'/PARTNERS' RETIREMENT PLANS.....	_____	O. TOTAL DEDUCTIONS (ENTER AS LINE B ABOVE).....	_____
H. SHAREHOLDERS'/PARTNERS' HEALTH AND/OR LIFE INSURANCE.....	_____		
I. OTHER EXPENSES NOT DEDUCTIBLE (EXPLAIN).....	_____		
J. TOTAL ADDITIONS (ENTER AS LINE A ABOVE).....	_____		

SCHEDULE Y BUSINESS ALLOCATION FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN THIS MUNICIPALITY	C. PERCENTAGE (B DIVIDED BY A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	_____	_____	
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	
TOTAL STEP 1	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED.	_____	_____	_____ %
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID	_____	_____	_____ %
4. TOTAL PERCENTAGES			_____ %
5. AVERAGE PERCENTAGE (BY NUMBER OF PERCENTAGES USED)			ENTER ON LINE 3B, PAGE 1 _____ %

Business Allocation Formula

SCHEDULE Y A business allocation formula consisting of the average of property, gross receipts and wages paid, to be used by business entities not required to pay tax on entire net profits, by reason of doing business both inside and outside the Municipal city limits.

SPECIAL NOTE: Sales and gross receipts in the Municipality (Step 2) mean:

- All sales and tangible personal property which is shipped from the Municipality to purchasers outside of the Municipality regardless of where title passes if the taxpayer is not, through its own employees, regularly engaged in the solicitation or promotion of sales at the place where delivery is made.
- All sales of tangible personal property which is delivered within the Municipality regardless of where titles passes, even though transported from a point outside the Municipality, if the taxpayer is regularly engaged through its own employees in the solicitation and the sales result from such solicitation or promotion.
- All sales of tangible personal property which is delivered within the Municipality, regardless of where title passes, if shipped or delivered from a stock of goods within the Municipality.

SCHEDULE Z

Income Other than Wages and Allowable Employee Business Expense

Schedule C line 31	\$ _____
Schedule E line 22	_____
Schedule F line 36.....	_____
Schedule K (1065 and 1120S)	_____
Form 4835 line 32	_____
Form 1099	_____
Form 1120 line 30	_____
Form 1120S line 21	_____
Form 1065 line 22	_____

TOTAL Carry to line 1, page 1 \$ _____

Attach copies of all forms and schedules.