

MAIL TO:
DEPARTMENT OF TAXATION
1868 EAST PERRY STREET
PORT CLINTON, OHIO 43452-1499
ASSISTANCE CALL: (419) 734-5522
HOURS: 8:30 to 4:30 MON-FRI

FOR CALENDAR YEAR 20__

FISCAL PERIOD _____ or _____
to _____ to _____
Calendar year taxpayer file on or before April 15

CITY OF PORT CLINTON INCOME TAX RETURN

FILING REQUIRED EVEN IF NO TAX DUE

Office Use

Do you own this property? Yes No
Rent? Yes No
Name, address and phone number of landlord: _____

PORT CLINTON ACTIVE MILITARY (DATES IN AND OUT) _____
MOVE IN DATE _____ UNDER 18 (DATE OF BIRTH) _____
MOVE OUT DATE _____ RETIRED (YEAR) _____

ALL W-2(s), 1099(s), FEDERAL SCHEDULES MUST BE ATTACHED, YOUR RETURN IS INCOMPLETE IF THIS INFORMATION IS NOT INCLUDED, and you may be subject to a late filing fee.

ATTACH W-2(s) HERE

1. Enter gross wages, salaries, tips, bonuses, commissions [from W-2(s)] and other employee compensation \$ _____
2. Income from Federal Schedules (Line E, page 2) \$ _____
3. Adjusted Net Income Subject to Port Clinton Tax (Add Line 1 and 2) \$ _____
4. Port Clinton Income Tax rate of 1.5 % (multiply 1.5% x Line 3) \$ _____
5. PAYMENTS MADE: (A) Port Clinton City tax withheld \$ _____
(B) On 20__ Estimated tax and prior overpayment \$ _____
(C) Tax paid other city \$ _____ (Limited to 1%) \$ _____
(D) TOTAL of Payments (Lines A,B & C) \$ _____
6. TAX DUE (Balance MUST accompany this return) [Line 4 less Line 5 (D)] \$ _____
7. PENALTIES: (A) [] Underpayment \$50.00 (B) [] Penalty (1.5%/mo.) \$ _____ (C) [] Failure to file timely \$50.00...(X)\$ _____
(D) [] Interest 1.5% per month\$ _____
8. TOTAL OF TAX, PENALTY AND INTEREST DUE (Line 6 plus Line 7) \$ _____
9. OVERPAYMENT CLAIMED Credited to next year \$ _____ Amount Refunded \$ _____

DECLARATION OF ESTIMATED TAX FOR 20__

10. Total income subject to tax \$ _____ multiply by tax rate of 1.5% for gross tax of \$ _____
11. Less expected tax credits:
A. Tax withheld and remitted by Port Clinton Employer \$ _____
B. Payments to another city(s) \$ _____ (Tax credit limited to 1%) \$ _____
C. TOTAL CREDITS [Total of 11(A) and 11(B)] \$ _____
12. 20__ NET TAX DUE [Line 10 less Line 11 (C)] \$ _____
13. Amount due with Declaration due April 30 (Not less than 22.5% of Line 12) \$ _____
14. LESS overpayment on last year's Final Return or previous payment on this Estimate \$ _____
15. Total of this Estimated Payment DUE \$ _____

16. TOTAL AMOUNT PAID \$ _____ (Line 8) + \$ _____ (Line 15) = \$ _____
Amount less than five dollars (\$5.00) Shall not be collected or refunded. Make check payable to: CITY OF PORT CLINTON TAX DEPT.

I certify I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct, complete and the figures used herein are the same as used for federal income tax purposes.

Telephone Number _____

Signature of Tax Practitioner _____

Signature of Taxpayer _____ Date _____

Address of Tax Practitioner _____

Signature of Spouse _____ Date _____

Telephone Number _____

May the city discuss this return with tax preparer? YES NO

YOU MUST ATTACH APPROPRIATE FEDERAL FORMS AND/OR SCHEDULES

BUSINESS & OTHERS INCOME

A. NET INCOME or (LOSS) FROM
 Sole Proprietorship(s) - Schedule C
 Partnership(s) - Form 1065 with Schedule K & Schedule K-1(s)
 Corporation(s) - Form 1120 or 1120S with Schedule K or Schedule K-1(s)
 Farming - Schedule F
 Schedule E, including Page 2
 TOTAL..... \$ _____

B. OTHER INCOME not reported elsewhere (1099-MISC, non-employee compensation)
 Received From _____ Purpose _____ Amount \$ _____

C. 1. Line m of Schedule X \$ _____ 2. Line z of Schedule X \$ _____ (TOTAL of C1 and C2) + - \$ _____

D. TOTAL A, B, AND C \$ _____

E. Amount of Line D, (Total Taxable) x _____ % (form Step 5 of Schedule Y) \$ _____
 (Enter on Page 1, Line 2)

(Note: Loss from business activity may NOT be used as a deduction from wage or salary earnings)
 (NO NET OPERATING LOSS CARRIED FORWARD ALLOWED)

Schedule X, RECONCILIATION WITH FEDERAL INCOME TAX RETURN

| ITEMS NOT DEDUCTIBLE | | ITEMS NOT TAXABLE | |
|--|----------|--|----------|
| a. Capital Losses (excluding ordinary losses) | \$ _____ | n. Capital Gains (excluding ordinary gains) | \$ _____ |
| b. Expenses incurred in the production of non-taxable income (at least 5% of line z) | \$ _____ | o. Interest income earned or accrued | \$ _____ |
| c. Sick pay not included on Line 1 | \$ _____ | p. Dividends | \$ _____ |
| d. Taxes based on income "State/City" paid and accrued | \$ _____ | q. Unreimbursed travel expense (per Federal Form 2106) (see instructions) | \$ _____ |
| e. Net Operating Loss deduction per federal return | \$ _____ | r. Others (Explain) | \$ _____ |
| f. Payments to partners or S Corp officers | \$ _____ | | \$ _____ |
| h. Contributions | \$ _____ | | \$ _____ |
| i. Other expenses (Explain) | \$ _____ | | \$ _____ |
| m. TOTAL (enter on Line C1 above) | \$ _____ | z. TOTAL (enter on Line C2 above)..... | \$ _____ |

SCHEDULE Y, BUSINESS ALLOCATION FORMULA

| | a. Located Everywhere | b. Located in Port Clinton | c. Percentage (b/a) |
|---|-----------------------|----------------------------|---------------------|
| Step 1. Average original cost of real and tangible personal property | \$ _____ | \$ _____ | |
| Gross annual rentals paid, multiplied by 8 | \$ _____ | \$ _____ | |
| TOTAL Step 1 | \$ _____ | \$ _____ | _____ % |
| Step 2. Wages, salaries, and other compensation paid to all 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 the number of percentages used.) (Enter on Line E above.) | | | _____ % |

PLEASE ANSWER QUESTIONS BELOW

[] RESIDENT [] PART-YEAR RESIDENT [] NON-RESIDENT
 [] Married Filing Jointly [] Married Filing Separately [] Other
 [] SS# of Spouse _____ Name of Spouse _____

Nature of Business or Occupation _____
 Did you have Employees? [] YES [] NO Did you issue 1099-MISC for non-employee compensation? [] YES [] NO